

Clydebank Aikido Club



PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

1.0	Do you have any medical conditions that may affect you while practicing Aikido? i.e. Asthma, diabetes, heart condition, impaired vision or hearing etc. Please list any special requirements you may need.	Yes	No
<u>If Yes, please give details below:</u>			
2.0	Have you consulted a G.P. or Physiotherapist about an illness or injury within the last year?	Yes	No
<u>If Yes, please give details below:</u>			
3.0	Are you taking any prescribed medication?	Yes	No
<u>If Yes, please give details below:</u>			
4.0	Do you have any convictions?	Yes	No
<u>If Yes, please give details below:</u>			
5.0	Females only: Are you now, or have you recently been pregnant?	Yes	No
6.0	How did you find out about this Aikido Club?		
<u>Please give details:</u>			

Declaration:

If any of the above details change it will be my responsibility to inform the instructor prior to any further practice.

In addition to the above information I confirm that I have read the **Clydebank Aikido Club** Constitution & Code of Conduct and hereby agree to practice & conduct myself in strict accordance with these guidelines.

Failure to do so may result in disciplinary action or immediate dismissal from the club.

PRINT NAME:..... **DATE:**...../...../.....

SIGNATURE:.....

Clydebank Aikido Club



STUDENT DETAILS & EMERGENCY CONTACT QUESTIONNAIRE

PERSONAL DETAILS			
Name:	_____		
Address:	_____		
Postcode:	_____	Tel (H):	_____
D.O.B.	____ / ____ / ____	Tel (M):	_____
Occupation:	_____		
Email:	_____		
PERSON TO BE CONTACTED IN CASE OF EMERGENCY			
Name:	_____		
Relation:	_____	Tel (H):	_____
		Tel (M):	_____

PRINT NAME:..... **DATE:**...../...../.....

SIGNATURE:.....