



Morecambe Martial Arts, Fitness & Junior leadership Academy

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Dojahng, 14 Whitefield Place, Morecambe



MEMBERSHIP APPLICATION & HEALTH QUESTIONNAIRE

Name..... Date of birth..... Male/Female.....

Address.....

..... Postcode.....

Telephone..... Mobile..... Email.....

Occupation..... Height..... Weight.....

The applicant agrees to abide by the rules of The **Academy and the NKMAA and understands that The Academy assumes no responsibility for the loss of property belonging to the applicant.**

I, the undersigned, understand that, by their nature, there may be some risk involved in the practise of martial arts. I agree to waive any claim against The Academy and its representatives, for any injury arising from or during practise, private classes, scheduled classes, exhibitions, demonstrations or contests.

I consent to photographs/video footage of myself (or my child in the case of a minor) being used in advertising, publicity and promotion for The Academy, in print and online.

I understand that, subject to approval by the Principal Instructor, on completion of this form I will be granted temporary membership for one month and that on paying the current joining fee, and signing any required Direct Debit/Standing Order forms for payment of lesson fees, my membership will become permanent.

Applicant's Signature..... Date.....

Parent/Guardian's Signature (under 18's)..... Date.....

HEALTH QUESTIONNAIRE

Please complete this questionnaire as accurately as possible. Should you answer "YES" to any of the questions, please give full details on the back of this form. Under 18's should have their parents complete this form.

Has any medical authority ever advised you/your child that you/they suffer from any of the following; -

- | | |
|---|--|
| 1) Heart problems or defects.....Y/N | 2) High or low blood pressure.....Y/N |
| 3) Asthma or other respiratory problems....Y/N | 4) Epilepsy.....Y/N |
| 5) Diabetes.....Y/N | 6) Arthritis or other condition of joints/bones....Y/N |
| 7) Skin conditions (verruca, athlete's foot)...Y/N | 8) Pregnancy within last 6 months.....Y/N |
| 9) Do you smoke?.....Y/N | 10) Have you had any operations in past year?...Y/N |
| 11) Do you take part in other physical activities and how often?..... | |
| 12) Are you aware of ANY reason why you should not take part in regular physical exercise.....Y/N | |
| 13) Have you ever been prosecuted by the Police (other than motoring offences) or are you currently undergoing prosecution proceedings?.....Y/N | |

Please mark, on a scale of 0 to 10, the most important things you hope you or your child will gain from training?

FITNESS..... SELF-DEFENCE..... STRESS RELIEF..... STRENGTH..... FLEXIBILITY..... WEIGHT LOSS.....

SELF-DISCIPLINE..... RESPECT..... CONCENTRATION..... BALANCE..... CO-ORDINATION..... FUN.....

SOCIALISING/NEW FRIENDS..... ACTIVITY WITH PARTNER/SPOUSE.....ACTIVITY WITH CHILDREN.....

OTHER (PLEASE STATE).....

Applicant's Signature (parent guardian if under 18).....Date...../...../.....