

NATIONAL ASSOCIATION OF KARATE AND MARTIAL ART SCHOOLS

PRE-TRAINING QUESTIONNAIRE

It is essential that this form is completed **PRIOR** to any martial arts training

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| STUDENT'S NAME | |
| STUDENT'S ADDRESS & POSTCODE | |
| STUDENT'S BIRTHDATE: | |
| FAMILY DOCTOR: | |
| CONTACT TELEPHONE NUMBER: <small>(where someone can be reached while the student is in the class)</small> | |
| DETAILS OF ANY OTHER PREVIOUS MARTIAL ARTS TRAINING OR OTHER/ CURRENT SPORT/RECREATION | |
| DETAILS OF ANY PARTICULAR GOALS AND/OR REASONS FOR TRAINING | |
| DOES STUDENT SUFFER FROM: (Please give details if YES, or leave blank if NO) | |
| ASTHMA/RESPIRATORY CONDITION | |
| DIABETES | |
| EPILEPSY | |
| HEART CONDITION | |
| HAEMOPHILLIA/ BLOOD CONDITION | |
| BACK/JOINT CONDITION | |
| DYSLEXIA | |
| DYSPRAXIA/COORDINATION DIFFERENCES | |
| ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) | |
| CONDITION RELATED TO NERVOUS SYSTEM | |
| AUTISM/ASPERGER'S SYNDROME | |
| SIGHT/HEARING DIFFERENCES | |
| OTHER (Please give full details) | |
| <i>I have completed this form to the best of my knowledge, and I will inform you should any of these details alter at any time.</i> | Signature: <i>(Parent/Guardian if under 18)</i> Date: |