

### Personal

Surname \_\_\_\_\_ Forename(s) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Contact Tel No \_\_\_\_\_ Email \_\_\_\_\_

### Training History

Please give brief details of your training history (if any) – Include any exercise or sport experience (gym, sports, regular classes, martial arts) etc

### Emergency Contact

Name of Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_ Contact Tel No \_\_\_\_\_

### Other Information

What are your reasons for training? Fitness / Weight Control / Self Defence / Socialise / Confidence / Competition

How did you hear about us? \_\_\_\_\_

### Medical - Please answer ALL of the following Questions

1. Has your doctor ever said you have heart condition? Yes / No
2. Do you feel pain in your chest when you do physical activity? Yes / No
3. In the past month, have you had any chest pain when you were not doing physical activity? Yes / No
4. Do you lose your balance because of dizziness or do you ever lose consciousness? Yes / No
5. Do you have bone or joint problems that could or has been aggravated by exercise? Yes / No
6. Has your doctor ever recommended medication for your blood pressure or heart condition? Yes / No
7. Are you aware, through your own experience or a doctors advice, of any other reason against your exercising without medical supervision? Yes / No

If Yes to Question 7 please give details \_\_\_\_\_

**If you answered Yes to any of the above questions:** We will provide you with a medical clearance form. Talk to your Doctor BEFORE you start to exercise. The medical clearance form will ask for advise from your doctor about any activity that you may or may not be able to safely participate in.

**If you answered NO to ALL questions:** If you have answered NO honestly to all questions you can start to participate in our classes. The safest way is to start slowly and build up gradually. Please undertake all exercises and activities prescribed at you own pace. Your instructor will give you advise on how to begin.

Do you have any other medical condition that may affect your ability to train or that we should know about should you require emergency/first aid? Yes / No

If Yes, please give details \_\_\_\_\_

I confirm that the information I have given is correct and understand that I am free to choose not to participate in any prescribed exercise, activity or drill throughout the session. I accept that using this facility involves a risk of injury and I will not hold any other person responsible for any injury received through the normal methods of training.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

### Parent/Guardian declaration (*only to be completed for applicants under 18 yrs of age*)

I confirm that I consent to the above named person participating in classes run by Unit One coaches/instructors. I understand the nature and potential risks of such training.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_