Instructor: _____

Pre-Exercise Health Questionnaire

WI / AP

Name: .....

Address: .....

..... Postcode: .....

Age: ..... DOB: ...../...../..... Occupation: .....

Phone: (h) ..... (m) .....

Email Address: .....

Mum / Dad's Name (for minor students): ……

Please tick the benefits that are <u>most important</u> for you / your child to receive from martial art training:

□ Self Defence □ Respect □ Fitness □ Confidence

□ Focus □ Discipline □ Other _____

Exercise History:

Do you have any experience in martial arts? Y / N

If yes, What art? _____ When? _____

Do you currently exercise: Y / N

If yes, times per week: 1 – 2 3 – 4 4 – 5 6 – 7

Please answer YES or NO to the following questions for your child:

Do your child have ADD or ADHD? Is your child well behaved at home?

Does your child get bullied? Does your child bully others?

Is your child focused? Is your child assertive?

Health History: Do you / Have you ever suffered from:

□ Asthma □ Low / High Blood Pressure □ Any Heart Problems

□ Epilepsy □ Tendonitis □ Hypoglycemia

□ Diabetes/Pre-Diabetes □ Broken Bones □ Stroke

□ Osteoarthritis □ Knee / Shoulder / Hip Reconstruction

□ Pain/past injury: Neck / Back / Shoulders / Arms / Elbows / Knees / Ankles / Feet

□ Other_____

Are you currently taking any medication we need to be aware of? Y / N

If yes, details: _____

How did you hear about us?_____

I understand martial arts can be a dangerous sport and injuries can occur. I understand I am undertaking my STARTER lessons with Total Self Defence Academy at my own risk and do not hold Total Self Defence Academy, it's Instructors or students responsible for any injury that may occur whilst undertaking my STARTER lessons.

Signature: _____ Date: _____/_____/_____