

HEALTH QUESTIONNAIRE

This questionnaire will assist in the assessment of your current suitability for training and practising Kuk Sool. It will also help to ensure that you enjoy the full benefits within a safe environment. Please answer as accurately as possible and address any queries to your instructor.

Has any medical authority ever advised you that you 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 the joints or bones?..... Y/N
- 7) Any skin condition such as verruca or athlete's foot?..... Y/N
- 8) If female - are you pregnant, or have you given birth in the last 6 months..... Y/N
- 9) Do you smoke?..... Y/N
- 10) Have you had any operations during the last year..... Y/N
- 11) What other physical activities do you participate in and how often?.....

- 12) Are you aware of ANY reason why you should not participate in regular physical activity?..... Y/N
- 13) Have you ever been prosecuted by the police (other than motoring offences) or are you currently undergoing prosecution proceedings?..... Y/N
- (If YES, please give details on a separate sheet)
- 14) Do you wish to add anything to the above answers?.....

What are the most important things you hope to gain for yourself or your child from martial arts? Please mark most important "10" down to least important "1"

FITNESS () SELF-DEFENCE () STRESS RELIEF () STRENGTH ()
 FLEXIBILITY () DISCIPLINE/RESPECT () WEIGHT LOSS ()
 CONCENTRATION () CONFIDENCE () BALANCE/CO-ORDINATION ()

Applicant's signature (parent/guardian if under 18)

DATE.....

KUK SOOL WON™

OF LANCASTER, MORECAMBE & HEYSHAM

APPLICATION FOR ENROLMENT

PLEASE PRINT YOUR DETAILS CLEARLY

Name.....Date of birth...../...../.....Sex.....

Address.....

.....Post Code.....

Telephone.....(Mobile).....email.....

Occupation.....

Height.....Weight.....

The applicant agrees to abide by the rules and regulations of the school and the Kuk Sool Won Creed, and understands that the school 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 practice of martial arts. I agree to waive any claim against the school and its representatives, for any injury arising from or during practice, private classes, scheduled classes, exhibitions, demonstrations or contests, other than those covered by my statutory rights.

I understand that, subject to approval by the Principal Instructor, on completion of this form, I will be granted temporary membership for a maximum of one month. I agree that if I wish to continue my membership then I shall pay the current joining fee and sign the agreement with Nest management regarding training fees.

Applicants signature:Date:.....

Parent's / Guardian's signature:.....
 (For applicants under 18 years)

WKSA Number (for school use): 524/01/.....