



PERSONAL DETAILS

Please complete all details clearly using **BLOCK CAPITALS**

First Name	<input type="text"/>	Address Line 1	<input type="text"/>
Surname	<input type="text"/>	Address Line 2	<input type="text"/>
Age	<input type="text"/> D.O.B <input type="text"/> / <input type="text"/> / <input type="text"/>	Gender	<input type="text"/>
Occupation	<input type="text"/>	Address Line 3	<input type="text"/>
School	<input type="text"/>	City	<input type="text"/>
Email	<input type="text"/>	Post Code	<input type="text"/>
		Home Number	<input type="text"/>
		Mobile Number	<input type="text"/>

How did you hear about us? _____

Reason for taking up Martial Arts? _____

MEDICAL DETAILS

Do you or has any member of your immediate family suffered from any of the following:

Migraine, Epilepsy, Hay Fever, Asthma, Diabetes, High Blood Pressure, Pneumonia, Haemophilia, Nervous Condition, Mental Illness or any type of disorder which may affect your participation in physical activity?

YES/NO – If you answered YES please give details _____

Are you or your child receiving any treatment or medication for any physical or mental disorder?

YES/NO – If you answered YES please give details _____

Do you or your child have an allergy that requires an Epipen or other medication?

YES/NO – If you answered YES please notify a coach or member of staff and complete an ‘Allergy Plan’ form

Emergency Contact No. Name & Relationship

TRAINING BENEFITS

Please tick which areas of training you would like to benefit from:

Confidence Discipline Fitness Weight Control Flexibility
 Self Defence Other _____

DECLARATION

Please read carefully and sign below acknowledging that you fully understand the declaration:

I, the above named or parent/guardian of the above named am applying for membership to Masters Academy and accept all terms and conditions associated with membership. I agree to abide by all academy rules and regulations. I accept that training in Martial Arts involves reasonable risk of injury and accept that appropriate physical contact is a necessary part of Martial Arts training. I hereby give my consent for the instructor/coach to give the immediate necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities where it would be contrary to my own or my child’s best interest in a doctor’s professional opinion any delay to take place. I agree to comply with advice given with reference to the use of Martial Arts for personal protection within the framework of Legal Guidelines and in the use of Martial Arts weaponry. I agree to pay all scheduled fees on time and understand that any financial commitments I make with regard to training at Masters Academy must be honoured as agreed in my payment schedule. I give consent for appropriate photographic/video images to be taken and used as part of the Academy advertising/marketing material.

Name of Applicant: _____ Signature: _____ Date: _____

Name of Parent/Guardian: _____ Signature: _____ Date: _____

Physical Activity Readiness Questionnaire (PAR-Q)

Please read carefully and answer all questions honestly.

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people however, some people should check with their doctor before they start becoming more physically active.

If you are planning to become more physically active than you are at present, start by answering the seven questions below.

Common sense is your best guide when answering the questions below. Please read and answer each one honestly:

Please circle YES or NO accordingly:

1. Has your doctor ever said you have a heart condition and that you should only participate in physical activity recommended by a doctor? _____ YES/NO
2. Do you feel pain in the chest when you participate in physical activity? _____ YES/NO
3. In the last month, have you had chest pain when 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 a bone or joint problem that could be made worse by a change in your physical activity? _____ YES/NO
6. Is your doctor currently prescribing drugs or medication (for example, water pills) for your blood pressure or a heart condition? _____ YES/NO
7. Do you know of any reason why you should not participate in physical activity such as Martial Arts and/or fitness training? _____ YES/NO
8. Are you pregnant? _____ YES/NO

IF YOU ANSWERED YES TO ONE OR MORE QUESTIONS

Please talk with your doctor by phone or in person **BEFORE** you start becoming much more physically active. Tell your doctor about the PAR-Q and which questions you answered YES.

IF YOU ANSWERED NO TO ALL QUESTIONS

If you answered NO honestly to ALL PAR-Q questions, you can be reasonably sure that you can start becoming more physically active. Begin slowly and build up gradually. This is the safest way to go.

Informed use of the PAR-Q: Masters Academy assumes NO liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor immediately.

I understand that the practice of martial arts and self-defence carries a risk of the transmission of infectious disease including viruses such as the "novel coronavirus" that causes **COVID-19**. I understand that it is impossible to practice martial arts and self-defence without having interpersonal contact with instructors and other students. I knowingly and voluntarily accept the risk of being infected with a contagious disease, including but not limited to **COVID-19**, while practicing martial arts and self-defence. I further assume the risk that if injured or if I suffer medical emergency, my injury or condition could be made worse or aggravated by negligent or non-negligent attempts to assist, help or treat me.

Signed: _____

Name: _____

Date: _____

Instructor Signed: _____