

health questionnaire & informed consent

Name:	D.O.B:
Address:	Telephone Numbers
	Daytime:
	Evening:
	Mobile:
Post Code:	Next of kin:
e-mail address:	Contact name:
Kissaki-Kai members only	Contact number:
Licence no: Expiry date:	Relationship:

Important notice:

Practising Karate and self-defence techniques involves physical contact, although every effort is made to ensure a safe training environment, there is an element of risk and injuries can occur. Remember that you are responsible for your partner's safety when training and it is each student's responsibility to practice accordingly

"I have read and understand the above and will not hold the instructor or fellow students responsible for any injuries sustained in the course of regular training – further more I will abide by the rules and regulations of the Zazen Academy and understand that failure to do so may result in the cancellation of my membership"

Signed: _____ Date: _____

(A parent or guardian must countersign this declaration if you are less than 16 years of age)

Do you have or have you ever suffered from any of the following conditions:

	yes	no
Heart problems - CAD/angina/palpitations/valve problems	<input type="checkbox"/>	<input type="checkbox"/>
High/low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Fainting or dizziness	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Pain in joints	<input type="checkbox"/>	<input type="checkbox"/>
Muscular pain	<input type="checkbox"/>	<input type="checkbox"/>
Back problems	<input type="checkbox"/>	<input type="checkbox"/>
Any surgery in past 2 years	<input type="checkbox"/>	<input type="checkbox"/>
Are you on any medication	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any condition not mentioned that may effect your suitability/safety in training?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered yes to any of the above questions, please give details in the space below

I confirm that all the information I have provided on this form is correct and up to date at the time of completion. I also understand that it is my sole responsibility to inform my instructor of any change in circumstances that may affect my eligibility to continue my training and undertake to do so when necessary.

Signed:

Date:

Please return this completed form to your club instructor before participating in any classes!

Don Came, BSc (Hons) Chief instructor – Kissaki-Kai UK division

- 6th dan black belt
- More than 30 years Martial Arts experience
- Senior Instructor with Kissaki-Kai Karate-Do International
- Former European representative for ISOK (international Society of Okinawan/Japanese Karate-Do)
- Physical Intervention Training Consultant – TASK International & ANSON Tactical
- Law Enforcement Training Services (LETS) – certified coach
 - Register of Exercise Professionals (REP's) Level 3 Senior Instructor
 - Former EBC self defence coordinator, Youth Protection Programme
 - Personal trainer and Extreme Kettlebell Instructor
 - CRB checked