

# Sleaford

## Korean Martial Arts

### APPLICATION FOR ENROLMENT

Applicant's Name:	
Date of Birth:	Gender:
Parent/Guardian's Name(s) (if under 18 years of age):	
Email Address:	
Phone Number:	

<b>Emergency Contact Information</b>
Name:
Relationship:
Phone number:

### Health Questionnaire

Taking part in martial arts is associated with many health benefits, yet any change of activity may increase the risk of injury. Please read each question carefully and answer every question to the best of your knowledge.

1. Has your doctor ever said that you have a heart condition or that you should only do exercise recommended by a doctor? Yes / No
2. Do you ever feel pain in your chest when you do physical activity? Yes / No
3. Have you ever had chest pain when you were not doing physical activity? Yes / No
4. Do you ever feel faint or have spells of dizziness? Yes / No
5. Do you have a joint problem that could be made worse by exercise? Yes / No
6. Have you ever been told that you have high blood pressure? Yes / No
7. Are you currently taking any medication that the instructor should be aware of? Yes / No
8. Are you pregnant/had a baby in the last four months? Yes / No

If you answered Yes to any of the above questions, please provide further details:

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Do you have any other medical conditions that you would like to make the school owner aware of?

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If you answered yes, it is strongly recommended that you take advice from a medical practitioner before you become more physically active. If your health changes so that you then answer Yes to any of the above questions, you must advise the instructor and take advice from a medical professional before continuing your training.

### Student Needs Analysis

What are the most important things you hope to gain, or you would like your child to achieve, through martial arts training? Please put '1' next to the most important down to '12' next to the least important.

Fitness		Stress Relief	
Discipline / Respect		Strength	
Concentration		Flexibility	
Confidence		Weight Loss	
Balance / Co-Ordination		Competition	
Concern re: bullying		Self Defence	

### Information Consent

In order to ensure compliance with data protection legislation and so that you are aware how your information is used and stored, please read and complete the consent statements below:

1. I consent for this information to be used and stored physically and electronically by Sleaford Kuk Sool Won to process my application. Yes / No
2. I consent for this information to be stored on the (World Kuk Sool Association) WKSA Admin website (your information will not be shared with third parties). Yes / No
3. I consent for my/my child's name and date of birth to be sent to WKSA headquarters for registration and promotion requests. Yes / No
4. I consent for the school owner to enter me/my child for upcoming tournaments at my request. Yes / No
5. I consent for my/my child's photo to be taken when participating in WKSA related activities and for those photos to potentially be used for club promotional activities. Yes / No

### Declaration

I, the applicant (and parent/guardian if under 18), agree to abide by the rules and regulations of the school. I understand that the school assumes no responsibility for loss of property and that, due to the nature of physical activity and martial arts training, there are some risks involved in participation. I agree to waive any claim against the school and its representatives for any injury or loss arising from or during classes, private practice, testing, exhibitions, demonstrations and tournaments. I understand that any medical treatment given will be first aid only prior to emergency/further medical treatment, if required.

I have read and agree to all statements within the Sleaford Korean Martial Arts information sheet. I understand that fees are charged monthly and payable within the first 5 days of the month and are not refundable if classes are missed by the applicant for whatever reason. I also agree that there will be no recourse to claim if, for whatever reason, the class ceases to operate.

I have completed this questionnaire to the best of my knowledge and any questions I had were answered in full and to my satisfaction.

Participants (or parent/guardians) Signature:

Date:

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