**JKA Shotokan Ireland Membership**

Date of Application:

**General Details**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Date of Birth |  |
| Gender |  |
| Existing Club (if any) | Name :  Address :  Chief Instructor :  Primary Contact :  Contact Telephone : |
| Current Grade |  |
| Date of Last Grading |  |
| Email |  |
| Phone |  |
| Emergency Contact and  Phone Number |  |
|  |  |
|  |  |
|  |  |

**Health Screening Questionnaire**

|  |  |
| --- | --- |
| Are you taking any prescribed medication |  |
| Do you have or have you had any injury, illness, back or joint condition that may be aggravated by vigorous exercise |  |
| Do you smoke |  |
| Are you now or have you been pregnant in the last three months |  |
| Do you know your blood pressure and if so, what is it |  |
| Do you suffer from any of the following : Asthma, Diabetes, Heart Condition, Epilepsy, Hernia, Dizziness, Gout, Ulcer, Circulation problems |  |
|  | |
| I understand that an exercise program has certain risks and dangers. I agree to release, discharge, absolve and hold harmless the JKASI and it’s instructors from any and all liability arising out of any accident, injury or loss sustained by me as a result of activities during training sessions. | |
| I have been cleared by my GP to undertake my current training program and I take it upon myself to discuss any changes in my current health with my instructor. I have to the best of my knowledge provided accurate information, regarding my current health status. | |

Signed

Date