

STUDENT DATA & HEALTH FORM 2021

All information given will be treated in the strictest confidence and stored in accordance with current Data Protection legislation.

STUDENT CONTACT INFORMATION

Name: Age:
e-mail:
Telephone (Home):
Telephone (Mobile): SMS WhatsApp
Postal address:

EMERGENCY CONTACT INFORMATION

Please provide emergency contact details (relative or friend):

Name:
Relationship:
Telephone (Home):
Telephone (Mobile):

AIKIDO TRAINING HISTORY

Have you done Aikido before? YES NO
If yes, for how many years?

Have you done any other martial arts? YES NO
If so, what style, grade and how many years training?

Do you participate in any other physical activity/sports etc.? YES NO
What activities and how often do you train each week?

Do you have personal accident/liability insurance? YES NO
If yes, who with (e.g. BAB, Aikido Alliance, etc.):

Expiry date:

Certificate Number:

Note: A copy of any current insurance certificate must be provided.

MEDICAL HISTORY INCLUDING PREVIOUS INJURIES

The following information is required to ensure your safety on the mat. Whilst Aikido practice is generally safe, the teacher / Club need to be aware of any issues that might affect your Aikido training.

If you are unsure, please consult your GP before commencing training.

Please tick if you currently have, or previously had any of the following:-

- Abdominal disorders including hernia
- Allergies
- Arthritis (Osteo- or Rheumatoid)
- Auto-immune disorder (eg. Chronic Fatigue Syndrome, Glandular Fever)
- Back pain including neck
- Breathing problems, Asthma, Long Covid

- Diabetes
- Emotional or mental health condition
- Epilepsy
- Glaucoma/ Detached retina
- Heart or circulatory disorders, including high/low blood pressure
- Hip problems/ hip replacement
- Headaches / Migraines
- Knee problems / surgery
- Muscular, tendon, ligament, joint injuries
- Major surgery
- Shoulder / arm/ wrist /hand problems
- Slipped disc or spinal trauma
- Any other conditions that might affect your ability to train Aikido?
If you have ticked any of the above, please provide further details:

Please tick this box if you do not wish to declare medical information

DECLARATION

By signing this form:-

- I confirm the above information is correct
- I confirm I am 18 years age or older
- I accept that Aikido involves a high degree of physical contact and is a risky activity with the potential to cause injury

Name (please print):

Signed:

Date:

In order to comply with the General Data Protection Regulations, please confirm you are happy for us to retain your data /contact details, and send you updates about Aikido, by ticking your preferred method of contact:

Email:

Mobile:

Text:

Post: