


MEMBERSHIP AND INSURANCE FORM

REGION VENUE NEW MEMBER / RENEWAL AMOUNT PAID £ DATE INSTRUCTORS NAME MEMBERSHIP NO		TWO PASSPORT PHOTOS REQUIRED
AFFILIATED TO THE B.N.M.A.A. <u>PART (A) OFFICIAL USE ONLY</u>		

<u>PART (B) BLOCK CAPITALS PLEASE</u>			
FIRST NAME		SURNAME	
HOME ADDRESS		TEL	
		TEL	
WORK ADDRESS		E-MAIL	
		TEL	
		TEL	
DATE OF BIRTH		E-MAIL	
OCCUPATION		AGE	
1. HAVE YOU HAD ANY MARTIAL ARTS PRACTICE BEFORE?		YES / NO	
2. IF YES STATE BELT AND CLUB NAME			
3. DO YOU SUFFER FROM ANY DISEASE, ILLNESS OR OTHER PHYSICAL OR MENTAL DISORDER, WHICH MIGHT EXPOSE YOU OR OTHERS TO RISK?		YES / NO	
4. IF YES, PLEASE STATE			

<u>DECLARATION</u>
<p>I, _____, The undersigned, wish to apply for membership to the E.W. TAEKWONDO MOO DUK KWAN CLUB. I hereby agree to abide by the rules and regulations of the club. I also agree that if accepted as a member, I shall be responsible for and shall release and indemnify the club and its servants / agents from and against all liabilities for personal injury, loss or damage to property, and any other damages, cost, claims or expenses suffered or incurred by me, unless caused by wilful act or negligence of the club, its servants / agents or not.</p>
<u>FOR JUNIOR MEMBERS UNDER 18</u>
<p>The above declaration must be signed by the parent or guardian. Signature of Applicant / Parent / Guardian _____</p>

E.W. TAE KWON DO
MEDICAL QUESTIONNAIRE
2007



PLEASE CIRCLE THE APPROPRIATE ANSWER

1. Has your doctor ever treated you for heart trouble? Yes/No
2. Do you frequently suffer with pains in your chest? Yes/No
3. Do you often feel faint or have dizzy spells? Yes/No
4. Has your doctor ever said that your blood pressure was too high? Yes/No
5. Has your doctor ever said that you have a bone or joint problem, such as arthritis or back pain that may be aggravated by exercise? Yes/No
6. Has your doctor ever said that you have a respiratory disease such as asthma or chronic obstructive pulmonary disease? Yes/No
7. Are you diabetic? Yes/No
8. Are you aware of any family history of heart disease? Yes/No
9. Is there any reason that you know of why you should not participate in E.W. TAE KWON DO? Yes/No

If you have answered Yes to any of the above questions please discuss with your instructor. You may be instructed to discuss with your doctor before participating in martial arts.

Declaration:

I have answered the above questions to the best of my knowledge.

To be signed by member/ parent /guardian if aged 18 or under:

Name:

Signature:

Membership Number:

Date: