

Luton UK-TKD

Pre-Exercise Questionnaire

Name: _____

Please indicate if you have a medical condition that may affect your training.

Please select **Yes** or **No** to **ALL** questions.

Do you have or have you ever had any of the following illnesses and conditions?	Tick Yes or No	If Yes, please add any further relevant information
Tuberculosis, Asthma, Bronchitis, shortness of breath or any other respiratory problem	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Chest pain, Palpitations, Stroke, raised blood pressure or any other heart problem	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Blackouts, Fainting or Dizziness	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Joint or bone problems (e.g. Arthritis)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Any allergies (e.g. Hay fever)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Back problems	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Diabetes	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Nervous system problems (e.g. Epilepsy, Multiple sclerosis, Parkinson's disease)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Immune system diseases (e.g. HIV)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Bleeding disorders (e.g. Haemophilia)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Hernia or Ulcer.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Any illnesses or conditions not previously mentioned or that we need to know about.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Any injury or illness that could be aggravated by exercise.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Any operation that could affect your ability to train.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

(Continued Overleaf...)

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	Tick Yes or No	If Yes, please add further information
Are you pregnant or have you recently given birth (i.e. in the last 6 weeks)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you taking any prescribed medication?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you currently participate in any regular exercise?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

If you have answered YES to any of the above questions, it is advisable to consult your Doctor before participating in the classes.

How would you describe your current physical condition?

Please state your reason(s) why you wish to take part in Tae Kwon-Do classes?
(Tick all that apply).

- | | | | |
|---|--|---|--|
| Weight Loss
<input type="checkbox"/> | Improve Fitness Levels
<input type="checkbox"/> | Improve Muscle Tone
<input type="checkbox"/> | Self-Defence
<input type="checkbox"/> |
| Learn a New Sport
<input type="checkbox"/> | Improve Confidence
<input type="checkbox"/> | Meet New People
<input type="checkbox"/> | Other
_____ |

DECLARATION

I understand that there is an inherent risk of physical injury in the practice and learning of a contact sport such as Tae Kwon-Do. Whilst the UKTKD, Association School and Instructors will take reasonable steps to minimize the likelihood of an accident, the risk of physical injury cannot be eliminated. There is particular risk in the context of competitions and grading exercises which by their nature are likely to result in an individual approaching and potentially exceeding their limits of skills and physical abilities. The acceptance of an individual's application to participate in a competition or undertake a grading exercise does not constitute and should not be considered as constituting any form of confirmation or assurance by the UKTKD or any Association School or Instructor to the effect that the individual has the necessary skill or physical ability to safely compete such competition or grading exercise, it being the individuals sole responsibility to judge such matters for themselves.

If an individual has any doubt whatsoever as to their ability to safely complete any exercise in the context of competition, grading or otherwise, it is the responsibility of the individual to withdraw from the same.

The UKTKD and Association School and Instructors accept no liability for injuries sustained in the course of practicing and learning Tae Kwon-Do.

In the signing of this declaration I accept the above recited disclaimer of liability and also agree to abide by the rules of the UKTKD as amended from time to time.

APPLICANTS SIGNATURE _____ DATE _____

PARENTS SIGNATURE IF UNDER 18 YEARS OF AGE _____ DATE _____