

KOMYOKAN AIKIDO ASSOCIATION

ADULT (18+) MEDICAL AND BACKGROUND FORM

Tel: 0151 652 1526 Email: secretary@aikido.co.uk Web: www.aikido.co.uk

1. Member's Details			
First Name		D.O.B.	
Surname			
2. Medical Details (please tick yes or no as applicable)			
Are you taking any regular medication? *		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a medical condition we should know about? * (e.g. diabetes/epilepsy/breathing or heart problems)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you consider yourself to have a disability? *		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you consider yourself to be reasonably fit at the moment?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you consider yourself to be completely unfit at the moment?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
* If you answered yes to any of these questions, please give details here:			
3. Emergency Contact Details *			
Emergency contact name:		Emergency contact number:	
* This information is important and will only be used in an emergency			
4. Martial Arts and Sports background (please tick yes or no as applicable)			
Have you practiced Aikido with another group before?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you trained in another martial art before?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you train in any other sports (e.g. running/swimming/cycling)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
How did you hear about us?			

Once you have completed this form, please return it to your dojo administrator/instructor.

Privacy Statement: The information that you have given us will be held and processed in accordance with the Data Protection Act 1998 and GDPR 2018. We will only use this information to contact you about KAA business and events. Your name only will be shared with the JAC and Hombu Dojo for insurance purposes, coach records and Dan grade records but other than this we will never share your information with any other organization. Health information will be stored securely and only given to the medical services in case of emergency. You may ask for your details to be removed at any time after you leave the KAA although some details will have to be held for a minimum of three years for insurance purposes. If you have any questions or you wish to ask for your details to be removed please contact the KAA secretary. **For persons under the age of 18** please ensure a parent or legal guardian signs on your behalf.

Name:	Signature:	Date:
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