

# Clydebank Aikido Club



## PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

|   |  |     |    |
|---|--|-----|----|
| 1.0                                       | Do you have any medical conditions that may affect you while practicing Aikido?<br>i.e. Asthma, diabetes, heart condition, impaired vision or hearing etc.<br>Please list any special requirements you may need. | Yes | No |
| <u>If Yes, please give details below:</u> |  |     |    |
| 2.0                                       | Have you consulted a G.P. or Physiotherapist about an illness or injury within the last year?  | Yes | No |
| <u>If Yes, please give details below:</u> |  |     |    |
| 3.0                                       | Are you taking any prescribed medication?  | Yes | No |
| <u>If Yes, please give details below:</u> |  |     |    |
| 4.0                                       | Do you have any convictions?   | Yes | No |
| <u>If Yes, please give details below:</u> |  |     |    |
| 5.0                                       | Females only: Are you now, or have you recently been pregnant?   | Yes | No |
| 6.0                                       | How did you find out about this Aikido Club?   |     |    |
| <u>Please give details:</u>               |  |     |    |

**Declaration:**

If any of the above details change it will be my responsibility to inform the instructor prior to any further practice.

In addition to the above information I confirm that I have read the **Clydebank Aikido Club** Constitution & Code of Conduct and hereby agree to practice & conduct myself in strict accordance with these guidelines.

Failure to do so may result in disciplinary action or immediate dismissal from the club.

**PRINT NAME:**..... **DATE:**...../...../.....

**SIGNATURE:**.....

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## STUDENT DETAILS & EMERGENCY CONTACT QUESTIONNAIRE

| PERSONAL DETAILS                            |                    |          |       |
|---|--------------------|----------|-------|
| Name:                                       | _____              |          |       |
| Address:                                    | _____              |          |       |
| Postcode:                                   | _____              | Tel (H): | _____ |
| D.O.B.                                      | ____ / ____ / ____ | Tel (M): | _____ |
| Occupation:                                 | _____              |          |       |
| Email:                                      | _____              |          |       |
| PERSON TO BE CONTACTED IN CASE OF EMERGENCY |                    |          |       |
| Name:                                       | _____              |          |       |
| Relation:                                   | _____              | Tel (H): | _____ |
|   |                    | Tel (M): | _____ |

**PRINT NAME:**..... **DATE:**...../...../.....

**SIGNATURE:**.....