



CHILTERN KARATE ASSOCIATION

Beginners' Course Enrolment Form

Name:

Address:

Postcode:

Telephone:

E-mail address:

Date of Birth:

Do you suffer from any of the following:

High blood pressure?	Yes / No *	Migraine?	Yes / No *
Asthma?	Yes / No *	Heart disease?	Yes / No *
Epilepsy?	Yes / No *		

*Delete as appropriate

If you suffer from any other medical condition, which you feel the Instructors should be aware of, discuss it with them. All information will be treated in confidence.

Declaration

I understand that the chances of injury in Karate are no more than in other contact sports. I also understand that although all reasonable steps are taken to prevent such injury, the Instructors of Secretary cannot be held personally liable in such cases.

Signed:

Date:

(parent of guardian if under 16)

Print name:
