

# KUK SOOL WON™ of Widnes UK

## APPLICATION FOR ENROLMENT PLEASE PRINT YOUR DETAILS CLEARLY USING BLOCK CAPITALS

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Doctor's details: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

I, the applicant agrees to abide by the rules and regulations of the school and the Kuk Sool Won Creed, and understand that the school assumes no responsibility for the loss of property belonging to the applicant.

I, the undersigned, understand that by their nature there may be some risk involved in the practice of martial arts. I agree to waive any claim against the school and its representatives, for any injury arising from or during practice, private classes, scheduled classes, exhibitions, demonstrations or contests, other than those covered by my statutory rights.

I, understand that, subject to approval by the Principal Instructor, on completion of this form, I will be granted temporary membership for a maximum of one month. I agree that if I wish to continue my membership then I shall pay the current joining fee and sign the agreement with Kuk Sool Won of Widnes regarding training fees.

Applicants signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's / Guardian's signature: \_\_\_\_\_  
(For applicants under 18 years)

(For school use only):	WKSA Number 151-2-
------------------------	--------------------

# HEALTH QUESTIONNAIRE

This questionnaire is designed to assist in the assessment of your current suitability for training and practicing Kuk Sool based upon your state of health. It will also help to ensure that you enjoy the full benefits of Kuk Sool within a safe environment. Please answer as accurately as possible and address any queries to your Principle instructor.

The purpose of this questionnaire is not to exclude or discriminate toward individuals from training and practicing Kuk Sool. With clear and honest information we may be able to adapt training while working with your own GP's permission.

### Do you have or have you ever had any of the following.

Heart condition	High or Low Blood Pressure	
Asthma	Respiratory problems	
Epilepsy	Diabetes	
Arthritis	Bone or joint condition	
Skin disorder	Pregnant or given birth within the last 6 months	
Do you smoke	Any operations during the last 12 months	
Drink Alcohol	Use leisure drugs / steroids	

Please detail any other medical conditions or reason why you should not participate in regular physical activity?

What other physical activities do you participate in?

How often? \_\_\_\_\_

Have you ever been prosecuted by the police (other than motor offences) or are you currently undergoing prosecution proceedings?

YES	NO
-----	----

If yes please provide details on a separate sheet

Would you like to add anything to the above answers?

What aspects of improvement do you consider most important and hope to gain for yourself or child?

Please number from most important '10' to least important '1'

SELF-DEFENCE	FLEXIBILITY	DISCIPLINE / RESECT
FITNESS	WEIGHT LOSS	CONCENTRATION
		CONFIDENCE
STRENGTH	BALANCE / CO-ORDINATION	STRESS RELIEF