***INTRO FORM***

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Home No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please answer the following questions**:

Have you suffered any injuries in the past 6 months? YES/NO

Do you suffer from:

Asthma? YES/NO

Diabetes? YES/NO

Epilepsy? YES/NO

Heart Problems? YES/NO

HIV/AIDS? YES/NO

Mental Disabilities? YES/NO

Other? YES/NO

Do you have any learning difficulties? YES/NO

Have you been convicted of any violent criminal offences? YES/NO

Are you or have you been on the Sex Offenders List? YES/NO

If you have answered yes to any of the questions please give details. Please inform instructors of all conditions or situations that may affect your training. Failure to do so may result in injuries or in some cases may be refused the option to train.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

By signing this form I am agreeing to take part in my introductory lesson with Stars Kickboxing. I understand the risks involved with the practice of kickboxing and related activities and do so at my own risk.

I will not hold the club, Stars Kickboxing, its instructors or any student responsible for any injury I may sustain. I will abide by the rules set in place by the instructors.