



All information gathered on this form will be kept completely confidential

Program: **Hikurangi Kiwi** AND / OR **Tikipunga Tuatara** *(please circle one or both)*

Name:

Address:

Date of Birth: / / Male / Female Parent/Guardian's phone:

Emergency contact: Relationship to participant:

Home phone: Mobile phone: Work phone:

Doctor: Practice name: Phone:

Medical Conditions

Has the participant or an immediate family member ever had any of the following? *(Please circle appropriate answer)*

Heart disease/chest pain	YES / NO
Stroke	YES / NO
Raised cholesterol	YES / NO
High/Low blood pressure	YES / NO
Diabetes	YES / NO
<i>If yes please circle which one:</i>	Type 1 Type 2 Gestational

Does the participant have any of the following?

Asthma YES / NO

Epilepsy YES / NO

Hernia YES / NO

Is the participant currently taking any medication? YES / NO

If yes, please specify:

Have they had surgery within the past 12 months? YES / NO

If you have circled YES for any of the above, they will need a signed medical clearance from their doctor, or alternatively a signed self-clearance from a parent or guardian, before starting an exercise program.

Doctors clearance:

Date: / /

OR

Parent or Guardian's clearance of the above conditions (if under 18 years of age)

I, _____ guarantee that _____
(the minor participant under my care) is physically and mentally well enough to take part in any exercise program prescribed for them.

Signature of Parent or Guardian (if under 18 years of age)

Date

Exercise History

Are you currently playing any sports? YES / NO

If yes please specify:

Do you have any martial arts experience? YES / NO

If yes, please specify:

Have you done kick-boxing before? YES / NO

Have you done boxing before? YES / NO

Do you have any exercise likes?

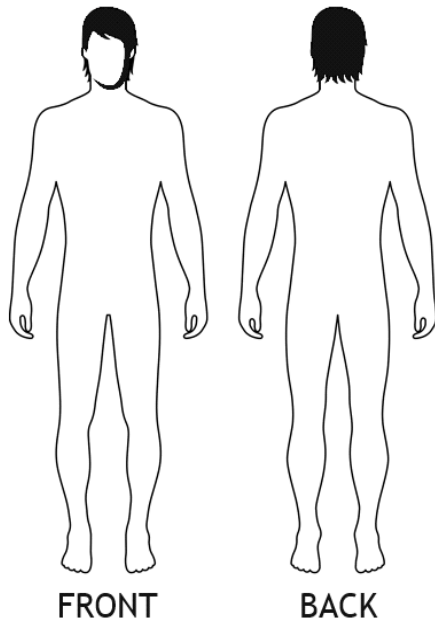
Or dislikes?

Physical Condition

Do you have any injuries? YES / NO

Have you had any injuries recently? YES / NO

Please circle on the body below any problem areas if applicable:



What are your exercise goals? *e.g. Increase fitness to run cross country, join a sports team, etc.*

What are your goals for the next 3 months? *e.g. Be able to run a further distance before getting tired, feel more confident, etc.*

All information given here is true and correct and if there are any changes to the participant's health, contact details, doctor's details, or emergency contact, I will advise Muay Thai Movement as soon as possible.

I am aware that there are risks involved with exercise and I agree that by signing this form I am accepting responsibility for the risks associated with the sport they are participating in. The participant agrees to follow all instructions given to them as failure to do so can lead to injury of themselves or another participant.

I have been advised that Muay Thai Movement will from time to time take photos and/or videos of classes for promotional reasons. I grant/do not grant permission for my child to be featured in any photos and/or videos used. *(Please circle)*

On the behalf of the minor participant named below, I, the parent/guardian understand and agree to abide by all policies, rules, and regulations of Muay Thai Movement. I understand that, in its sole discretion, Muay Thai Movement or its representative may revoke membership without compensation at any time should the minor participant's actions or general behaviour impede the operation of Muay Thai Movement or the rights or welfare of any person. Reasons for termination may include, but are not limited to: inappropriate conduct or other behaviour by the minor participant named below, such as persistent use of threatening language or inappropriate comments; physical violence; emergencies; or health or safety considerations.

The participant I am signing on behalf of understands that Muay Thai Movement has a zero tolerance policy on bullying and violence; their priority is providing a safe and inclusive place for all participants.

I understand that Muay Thai Movement will not issue a refund if my child is removed from their Program for bullying or any of the reasons named above, with the exception of health or safety considerations at their sole discretion.

Name of Participant: _____

Signature of Parent or Guardian

Date

Print name