

# North Cotswolds Aikido Club

## Fitness to practice declaration

Aikido is a physical activity and to partake fully does require a certain level of fitness and mobility. You are required to complete this form and return it to the instructor **BEFORE** commencing training. If in doubt about any item contained within this form please speak to the instructor.

Please answer all questions honestly as the existence of a complaint may not prevent participation.

**If the student is under 18 years of age this form MUST be completed by the parent / guardian.**

**Student Name :** \_\_\_\_\_

Please circle **yes** or **no** to the following questions.

Do you have a disability we should be aware of?	yes	no
If <b>yes</b> above what is your disability :		
Are you registered disabled?	yes	no

**Have you suffered, or do you suffer from, any of the following :**

Asthma or wheezing	yes	no
Heart complaints / chest surgery	yes	no
Chronic bronchitis or persistent chest complaint	yes	no
Epilepsy	yes	no
Fainting, seizures or blackouts	yes	no
Recurrent ear problems	yes	no

**Are you currently suffering from :**

Breathlessness	yes	no
Any problem with mobility, ie arthritis	yes	no
High blood pressure	yes	no

Are you pregnant?	yes	no
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Do you have any body piercing or other irremovable jewellery items?	yes	no
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If you suffer from any allergy or relevant condition not listed above please let us know here :

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<b>Do you understand that the concealment of any condition incompatible with the practice of aikido might put your life or health at risk?</b>	yes	no
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To the best of my knowledge the answers given to the above questions are correct and should the student named above develop any condition that may impede their ability to practice aikido I will inform a club instructor before commencing practice. I accept that an instructor reserves the right to prevent anyone training whom he/she considers unfit to practice at the commencement of any training session.

**Signature** \_\_\_\_\_ **Date :** \_\_\_\_\_

**Name of Parent / Guardian** \_\_\_\_\_  
(if completing on behalf of the student)

<b>To be completed by the club instructor:</b> My assessment is that the student <b>is / is not</b> fit for training.
Signature : _____ Date : _____