



Irish National Taekwon-Do Team



Confidential Membership Details and Medical Questionnaire

Please Print.

Name: _____ **Date of Birth:** _____

Address _____

Phone No. (Home) _____ **Your Mobile Phone No.** _____

Emergency Phone Number: _____ **Relation:** _____

Year of Junior Certificate _____

Year of Leaving Certificate _____

Please indicate below which competition categories you would like to compete in

	Team	Individual	Female	Male
1 Patterns			-45 kg	-52 kg
2 Sparring			-50 kg	-58 kg
3 Destruction			-55 kg	-63 kg
4 Special Technique			-60 kg	-70 kg
5 Traditional Sparring			+60 kg	+70 kg

The following information is required to assess your physical fitness level.

Your health questionnaire is confidential and will not be released without your consent.

	Yes	No
1 Heart disease - High blood pressure		
2 Chest complaints, Bronchitis, Asthma or Breathing problems		
3 Do you use an Inhaler?		
4 Headaches, Fainting or Dizziness		
5 Joints or Muscle Problems		
6 Back, Neck or Disc Problems		
7 Are you taking any prescribed drugs or recovering from a recent illness or operation		
If yes, please list all prescribed medication that you are currently taking		

8 Are you a Diabetic

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9 Do you have any other medical condition or problems not previously mentioned.

Please write details below and continue on back of the page if required.

I confirm that I have answered the above questions correctly. I understand that the Instructor, Taekwon-Do school or agents acting on behalf of the above cannot be liable for any injury that may be sustained as a result of participation in the squad sessions.

Parents Signature:

Date:

Parent or Guardian must sign if the member is under 18 years



