



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:

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

	Team	Individual	Female	Male
1 Patterns			-52 kg	-54 kg
2 Sparring			-58kg	-63 kg
3 Destruction			-63 kg	-70 kg
4 Special Technique			-70 kg	-80 kg
5 Traditional Sparring			+70 kg	+80kg

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 medicines that you are currently taking		
8 Are you a Diabetic		
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.

Competitor Signature:

Date:

