



# Stronger You Martial Arts & Self Defense Registration Form

## Contact Information

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

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

Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DD MM YYYY

Gender: M / F

## For Juniors (Under 18 years of age)

Parent(s) Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

Custody Restrictions: \_\_\_\_\_

How did you hear about us: \_\_\_\_\_

Have you ever studied Martial Arts before? Y / N

If Yes, belt attained: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

## Medical History

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

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Are you pregnant?** Y / N

**Do you have any chronic or serious illness?** Y / N

If yes please specify: \_\_\_\_\_

**Are you currently taking any medications?** Y / N

If yes please specify: \_\_\_\_\_

**Are you experiencing any chronic pain?** Y / N

If yes please specify: \_\_\_\_\_

**Have you ever suffered a concussion?** Y / N

If yes please specify: \_\_\_\_\_

**Do you have any other medical conditions(s) of which we should be aware?** Y / N

If yes please specify: \_\_\_\_\_

\_\_\_\_\_  
Student's Signature (Parent of student under 18)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DD MM YYYY

\_\_\_\_\_  
Updated

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DD MM YYYY



# Stronger You Martial Arts & Self Defense

## PAR-Q Questionnaire

The Physical Activity Readiness Questionnaire (PAR-Q) helps to identify people (14 to 69 years of age) who should check with a physician before starting a new physical activity.

- 1. Has your doctor ever said that you can only physical activity recommended by a doctor? Y / N
- 2. Has your doctor ever said that you have heart trouble? Y / N
- 3. Do you frequently have pains in your heart or chest? Y / N
- 4. Do you lose your balance because of dizziness or do you ever lose consciousness? Y / N
- 5. Do you have a bone or joint problem that could be made worse by physical activity? Y / N
- 6. Is your doctor currently prescribing drugs for high blood pressure or a heart condition? Y / N
- 7. Do you have any other reason why you should not do the physical activity associated with this program? Y / N

If you answered yes to any of the above questions in the Medical History or PAR-Q questionnaire or are pregnant or are over 65 years of age, you must consult your doctor before beginning this program.

I have read and completed the PAR-Q. Any questions I have were answered to the my full satisfaction.

\_\_\_\_\_  
Student's Signature (Parent of student under 18)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DD MM YYYY

\_\_\_\_\_  
Updated

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DD MM YYYY