



Edinburgh Jitsu  
www.edinburghjitsu.com

## Health Check Form

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

\_\_\_\_\_ **Phone (home):** \_\_\_\_\_

\_\_\_\_\_ **Phone (mob):** \_\_\_\_\_

**Next of Kin** \_\_\_\_\_ **Relationship** \_\_\_\_\_

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

It is essential that we have a record of any injuries of health problems you may have suffered. This will not necessarily prevent training.

**Please record whether you suffer, could be suffering or have ever suffered from:**

EPILEPSY	Yes / No	ASTHMA	Yes / No
BACK PROBLEMS/INJURY	Yes / No	DIABETES	Yes / No
HEAD INJURY	Yes / No	BLEEDING DISORDER	Yes / No
WEAK JOINT / JOINT INJURY	Yes / No	BREATHING DIFFICULTY	Yes / No
INFECTIOUS DISEASE	Yes / No	ANY OTHER CONDITION	Yes / No

If you have answered YES to any of the above please give full details, together with details of medication or surgery

\_\_\_\_\_ **(continue on rear)**

Please note that our insurers will not cover pregnant women for training.

We need to know whether you have anything in your past that would indicate that training is not suited. We regularly carry out checks with the Police on prospective members. Under the rehabilitation of offenders act, this does not necessarily preclude you from training.

Do you have a criminal record Yes / No

If **YES:**

Were you convicted of a crime of a violent nature, a crime against women or children, or possession of an illegal weapon or substance? Yes / No

Do you object to us carrying out a background check on you Yes / No

**By signing you are accepting that Ju Jitsu is a hazardous sport. Although we will take all reasonable precautions, there is a risk of injury, or serious injury.**

Signature:

Date:

In providing your details you are agreeing to your data being stored in accordance with the Data Protection Act (1998) Please refer to the club data protection policy for further information