



**MULHUDDART | CLONSILLA | DUNBOYNE | SANTRY
SPORT TAEKWON-DO CLUBS**
www.dublin-ITF.com

2010/2011 Registration and Screening Form

Student's Name: _____

Student's Date of Birth: _____

Parent/Guardian Name (for students under 18 years old): _____

Postal Address: _____

Contact Number (Mobile): _____ Email: _____

Standard Physical Activity Readiness Questionnaire

- | | | |
|---|---------------------------------|--------------------------------|
| 1. Are you taking any form of medication (e.g. tablets, inhaler)? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 2. Are you prone to headaches, fainting or dizziness? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 3. Do you experience any chest pains, wheeziness or sickness during or after physical activity? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 4. Do you have any bone or joint problem that could be aggravated by physical activity? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 5. Are you aware, through your own experience or a doctor's advice, of any other reason why you should not take part in physical activity without medical approval? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 6. Do you lose consciousness or lose your balance as a result of dizziness? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 7. Are you pregnant, or have you been pregnant in the past three months? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 8. Are you aware, through your own experience or a doctor's advice, of any other reason why you should seek medical approval before exercising? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |

Do you have any special needs, requirements or learning difficulties? (If yes, please give details)

If there is any other condition which may affect participation which the instructors should be made aware of, please give details:

If you are a new member where did you hear about us? _____

Annual club membership fee must be paid upon registration and each September thereafter. This includes membership of Mulhuddart / Clonsilla / Dunboyne / Santry Sport Taekwon-Do Club and ensures that insurance is in place in order to participate in Taekwon-Do training and related activities.

MONTHLY TRAINING FEES ARE PAYABLE MONTHLY IN ADVANCE. Training fees are payable on the first training day of each calendar month, students may not participate in training until the monthly training fee has been paid.

TAEKWON-DO IS A CONTACT SPORT
I acknowledge that participation in Taekwon-Do presents a risk of physical injury.

Annual Club Membership Fee Paid (September – July) €20 Yes No

Student Signature (Adult Members) _____ Date: _____

Parent / Guardian Signature (Child and Teen members) _____ Date: _____