

**FULL FORCE KARATE
MEDICAL HISTORY / RELEASE FORM**

Name: _____ Date of Birth: _____
(First) (MI) (Last)

Home Phone: _____ Cell Phone: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Level of Activity: (Choose one)

_____ Sedentary _____ Mildly Active _____ Active _____ Very Active

Additional Comments on Level of Activity: _____

Have you ever studied Martial Arts before? _____ Yes _____ No

If Yes, where/what style: _____

Highest rank Held: _____

What was your motivation to study karate or begin exercising?

_____ Art Form _____ Instructors _____ Price _____ Physical Conditioning

_____ Self Defense _____ Style _____ Other (Please Describe) _____

Do you have any health or physical disabilities: _____ Yes _____ No

If Yes, explain: _____

Hypertension:

Have you ever been diagnosed with high blood pressure: _____ Yes _____ No

Have you ever been prescribed medication to control high blood pressure: _____ Yes
_____ No

Smoking:

Do you currently smoke: _____ Yes _____ No

Diabetes:

Have you been diagnosed with diabetes: _____ Yes _____ No

Heart:

Have you ever been diagnosed with any heart problems: _____ Yes _____ No

Joints:

Have you ever been diagnosed with joint or soft tissue problems: _____ Yes _____ No

Do you have any problems with your:

Upper Back: _____ Yes _____ No

Elbows: _____ Yes _____ No

Lower Back: _____ Yes _____ No

Wrists: _____ Yes _____ No

Neck: _____ Yes _____ No

Knees: _____ Yes _____ No

Shoulders: _____ Yes _____ No

Ankles: _____ Yes _____ No

If yes to any, please explain in detail: _____

Current Treatments:

Are you currently under the care of a chiropractor/physical therapist/orthopedist: _____ Yes
_____ No

If yes please explain for what treatment:

In case of Emergency Contact Information:

Name: _____ **Relationship:** _____

Phone Number: _____

It is expressly understood that martial arts training to be provided involves risk of personal injury. It is possible that any resulting injuries may be severe and thus requires immediate medical attention. The undersigned student, or guardians fully consent to martial arts training to be provided by this school and the undersigned student or guardians fully assume and accept the risks involved with this activity. The undersigned student or guardian have met with Mr. Codispoti prior to signing said agreement and have no further questions regarding this risks of the activity. Further the undersigned student or guardian on behalf of the student.

Accordingly the undersigned student or guardian on behalf of the student hereby in consideration for said instruction hereby waive any possible action against Phoenix Karate-do Association and Full Force LLC, its officers, employees, and agents, shall not be liable for injury, loss or damage sustained or suffered by person participating in karate, fitness or recreation activities, whether caused either directly or indirectly by the negligence or fault of Phoenix Karate-do Association or Full Force LLC, or their officers, employees or agents.

The above listed information was provided to the best of my knowledge.

Name (if under 18 years old)/Signature of Student

Date

Signature of Parent/Guardian

Date