

# SHINGIKAN MARTIAL ARTS DOJO

9954 Keele St. Maple, Ontario, L6A 3Y4

contactsmadojo@gmail.com

## INFORMATION FORM - HEALTH HISTORY

Student's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Parent/Legal Guardian's Name: \_\_\_\_\_ Last Name : \_\_\_\_\_  
(If student is under 18 years of age)

Birth Date: \_\_\_\_\_

Address: # \_\_\_\_\_ Street \_\_\_\_\_ Apt/Suite \_\_\_\_\_ P.O. Box \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Country \_\_\_\_\_

Email: \_\_\_\_\_

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

Past and Present Personal Health History (Check if Applicable)

- Diseases of the Heart and arteries
- Abnormal electrocardiogram (ECG) High Blood Pressure
- Angina pectoris (chest pain)
- Epilepsy
- Stroke
- Anemia
- Abnormal chest X-ray
- Cancer
- Asthma
- Other lung diseases
- Orthopaedic or muscular problems
- Diabetes
- Anaphylaxis
- Previous Concussion

## Shingikan Martial Arts Dojo Health History

If any of the above are checked, please explain further and indicate any recommendations your doctor has made regarding exercise:

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### Level of Physical Activity

Yes  No  Is the participant currently involved in a regular aerobic exercise program such as walking, jogging, cycling, swimming, step aerobics, etc.?

Yes  No  Is participant currently participating in weight training?

Yes  No  Does participant perform stretching exercises on a regular basis?

What best describes participant's level of physical activity during the past 4-6 weeks?

- Very Active
- Occasionally Active
- Moderately Active
- Inactive

Is there a family history of heart disease, hypertension, stroke, diabetes, heart failure, lung disease, or epilepsy?  Yes  No

If YES, please provide information regarding who the relative is, the medical problem, and the age of onset or death:

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**Shingikan Martial Arts Dojo**  
**Health History**

Yes    No   Are you currently taking medication prescribed by a physician?

If YES, indicate name of medication, dosage, and reason why you are taking it:

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Please list below any additional health information which you think is important for us to

know: \_\_\_\_\_

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**ASSUMPTION OF RISK AND WAIVER OF LIABILITY**

The undersigned represents that he/she/ the registrant is in good physical condition and is able to participate in the Self-Defence course. The undersigned hereby acknowledges that he/she is fully aware of the risks and hazards inherent in the practice of martial arts/self-defence practice and in fitness activities and hereby assumes voluntarily, upon themselves/the registrant they have signed for, all risks of loss, damage or injury (including death) that may be sustained in participating in such activities. The undersigned further accepts full responsibility upon self/registrant for the use of, or participation in, any and all classes, services, equipment, demonstrations or events, whatsoever owned, operated or sponsored by Shingikan Martial Arts Dojo Inc. (the "Dojo"), whether on-site at the Facility or off-site, and hereby releases and agrees to indemnify and hold harmless the Dojo, its shareholders, officers, directors, members, employees, representatives and agents from any and all loss, claim, injury, damage or liability sustained or incurred by the undersigned/registrant resulting there from. This release shall be binding upon the heirs, distributes, next of kin, executor and administrator of the undersigned/registrant. In signing this agreement, the undersigned hereby acknowledges and represents that that he or she has read this release, understands it and signs it voluntarily. The undersigned gives permission for transportation and any emergency medical care or treatment to be performed on the themselves/registrant by qualified medical personnel, hospital, or medical care facility should the need arise, and accepts responsibility for the associated costs.

Date: \_\_\_\_\_

\_\_\_\_\_  
Student Signature  
(or parent/legal guardian if student  
is under 18 years of age)