



Kid's Pre – Exercise Screening Form



1. PERSONAL DETAILS

Child's Name.....Child's DOB.....

Parent/Guardian Name.....

Address.....Postcode.....

Phone (H)..... Mobile.....Mobile.....

Email Emergency Contact.....

2. MEDICAL HISTORY

Does your child have any current or past injuries that may affect their training with Krav Maga? YES NO

If yes, please outline.....
.....

Is your child taking any prescribed medication? YES NO

If yes, please list

Has your child experienced or is currently experiencing any of the following?

Asthma or breathing difficulties	YES <input type="checkbox"/> NO <input type="checkbox"/>
Muscular pain	YES <input type="checkbox"/> NO <input type="checkbox"/>
Any heart conditions	YES <input type="checkbox"/> NO <input type="checkbox"/>
Hearing/Sight difficulties	YES <input type="checkbox"/> NO <input type="checkbox"/>
Dizziness	YES <input type="checkbox"/> NO <input type="checkbox"/>
Diabetes	YES <input type="checkbox"/> NO <input type="checkbox"/>
Circulation problems	YES <input type="checkbox"/> NO <input type="checkbox"/>
Other	YES <input type="checkbox"/> NO <input type="checkbox"/>



3. EXERCISE BACKGROUND

If currently exercising, how many hours and what type of exercise dose your child participate in each week?

.....
.....
.....

Has your child participated in Krav Maga or a martial art before? YES NO

If yes, what style, for how long and level achieved?

.....
.....

4. GOALS AND OBJECTIVES

Why does your child want to participate in Krav Maga training?.....

.....
.....

What are the short and long term goals for your child's Krav Maga Training?.....

.....
.....

Please indicate the three most important qualities that you want your child to achieve from their Krav Maga training?

<input type="checkbox"/> Fitness	<input type="checkbox"/> Patience	<input type="checkbox"/> Improved Behaviour	<input type="checkbox"/> Physical Conditioning
<input type="checkbox"/> Fun	<input type="checkbox"/> Self Defence	<input type="checkbox"/> Body Awareness	<input type="checkbox"/> Self Esteem
<input type="checkbox"/> Confidence	<input type="checkbox"/> Social	<input type="checkbox"/> Discipline	<input type="checkbox"/> Meditation

Please indicate which day you would like your child to train

Tuesday Thursday Saturday



Insurance Disclaimer & Talent Release

Krav Maga training is a potentially dangerous activity. Before training, you should first consult your physician. Bumps, bruises, scrapes, scratches and soreness are commonplace, and most students will encounter this sort of minor injury from time to time in their training. More serious injuries are possible, including sprains, strains, twists, cramps, and injuries of similar magnitude, and students can expect to encounter these injuries infrequently. The possibility of more serious injury exists, including fractured bones, broken bones, and torn ligaments, though not all students encounter such serious injuries.

I hereby assign and grant 4 Pillars Self Defence the right and permission to use and publish photographs/film/videotapes/electronic representations and I hereby release 4 Pillars Self Defence from all liability from such use and production. I hereby authorize the reproduction, and copyright of the material.

SIGNATURE.....

DATE.....

STAFF USE ONLY:

MEMBERSHIP ENTERED:

PRE SCREEN ENTERED: _____ **DATE:** _____ **SIGNATURE:** _____