**Kong Style Academy Induction**

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| --- | --- | --- | --- |
| Name: |  | Date of Birth: |  |
| Address: |  | Post Code: |
| Contact Number: |  | Emergency Contact/Parent Name: |  |
| Age: |  | Number: |  |

|  |  |
| --- | --- |
| Yes | No |
| Yes | No |
| Yes | No |
| Yes | No |
| Yes | No |
| Yes | No |
| Yes | No |
| Yes | No |
| Yes | No |
| Yes | No |
| Yes | No |

Have you ever been told that you have a heart condition?

Have you ever had a stroke?

Do you ever have any unexplained pains in your chest at rest or during

physical activity?

Do you consistently feel faint or suffer from spells of dizziness?

Do you suffer from asthma and require medication?

Do you suffer from type 1 or 2 diabetes?

Do you suffer from any major muscle or joint conditions that may limit

you or be aggravated by physical activity?

Do you suffer any medical conditions that may be worsen when taking

part in physical activity?

Do you suffer from high or low blood pressure?

Are you on any medication? If yes please identify on reverse.

Is your child allowed photographs to be take and posted on social media?

**If you have answered no to all of the above questions and you are confident that you have no concerns with your health then you may proceed to participate in training. If you have answered yes to any of the above questions or you are unsure, please seek a referral from your GP before you commence training.**

If your child has a disability or any additional needs and may require support please identify below, and a member of staff will contact you to discuss how we can meet your child’s needs.

I believe to the best of my knowledge that all the information I have given is accurate. In the case that my child’s medical conditions change throughout the training, I will inform the trainer and complete a new training induction form.

I give consent for my child to take part in Kong Stye Academy Training.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trainer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication: