

# Conquest Martial Arts Ltd.

## Application for membership for martial arts, fitness classes and personal training

Some of the questions are not applicable to children training in the martial arts

### Your personal details

Client Name \_\_\_\_\_ DoB \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_

Email \_\_\_\_\_ mobile \_\_\_\_\_

### Emergency Contact Details

Name \_\_\_\_\_ DoB \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_

Email \_\_\_\_\_ mobile \_\_\_\_\_

### Your Health Goals

1) What health goals would you like to achieve in 3 months?

\_\_\_\_\_

2) Name three things you could do to improve your health?

\_\_\_\_\_

### What are your reasons for starting training?

General conditioning	<input type="checkbox"/>	Muscular strength	<input type="checkbox"/>	Stress Management	<input type="checkbox"/>
Wellbeing	<input type="checkbox"/>	Aerobic Fitness	<input type="checkbox"/>	Flexibility	<input type="checkbox"/>
Weight loss	<input type="checkbox"/>	Improve self esteem	<input type="checkbox"/>	No time	<input type="checkbox"/>
Other	<input type="checkbox"/>				

**How would you describe your general health and fitness?**

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Have you ever done any structured exercise?

**Yes/No**

**If yes what type of exercise did you do?**

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**Diet and Nutrition**

On a scale of 1-10 (with 1 being poor and 10 being excellent) how would you assess the quality of your eating habits? \_\_\_\_\_

Would you like any help or advice in changing the quality of your eating habits? Yes / No

Do you follow any particular diet or eating patterns? \_\_\_\_\_

**Lifestyle**

Do you drink alcohol?

**Yes / No**

Do you smoke?

**Yes / No**

If you answered 'Yes', would you like help or advice to change these habits? Yes / No

**Medical History**

Have you had a major illness or injury in the last 5 years

**Yes / No**

If 'Yes' please give details \_\_\_\_\_

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Are you receiving treatment for any diagnosed medical condition?

**Yes / No**

If 'Yes' please give details \_\_\_\_\_

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Are you taking any prescription medication?

**Yes / No**

If 'Yes' please give  
details \_\_\_\_\_

Please indicate if you ever experience any of the following symptoms:

Get unusually short of breath with very light exertion? **Yes / No**

Pain, pressure, heaviness or tightness in the chest area? **Yes / No**

Regular unexplained pain in the abdomen, shoulders or arm? **Yes / No**

Severe dizzy spells or episodes of fainting? **Yes / No**

Regularly lower leg pain during walking that is relieved brest? **Yes / No**

Palpitations or irregular heartbeats? **Yes /No**

Are you currently pregnant or have given birth in the last 6 months? **Yes / No**

### **Structural Health**

Do you suffer from any aches or pains in your joints or anywhere else in your body? **Yes /No**

If yes, please give  
details \_\_\_\_\_

### **Martial Arts Training**

Have you ever done any martial arts training before? **Yes / No**

If yes please state what you trained in and how long  
\_\_\_\_\_

Have you ever been convicted of a criminal act? **Yes / No**

If yes please give details  
\_\_\_\_\_

**I can confirm that I have answered all questions honestly and that the information given is correct. I also understand that if my condition changes this application form becomes invalid. I also understand that any physical activity including martial arts carries a risk of injury.**

**Signature:**

**Print name:**

**Date:**

**If the applicant is under 18 years of age then I signed this as their parent or guardian**

**The information contained in this application form will be stored in a secure location under the regulations of the Data Protection Act 2018 (GDPR).**

