



Registration & Disclosure Form

We gratefully ask all students to complete a registration and disclosure form to ensure your instructor and the club are aware of any relevant medical information and contact details prior to training. If you have any questions regarding this form, please speak directly with your instructor before commencing any form of training.

About You

This information is required to identify you in records pertinent to your registration with our governing body.

* Full Name:

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* Date of Birth:

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* Full Address

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Town/City:

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* Post Code:

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Email Address:

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Mobile No:

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Communication

We have several communication mediums and as such we may invite use the above information to invite you to join one of those communication channels with instructors and fellow students. While invitation may be sent you may decline or opt out at any time.

For more personal matters we will use your e-mail address to communicate in confidence and issue documentation relating to your membership with us.

Photography & Videography Consent

From time to time we may share photos or videos of students with others, this may be via Facebook, Twitter, or other media platforms. We may also like to use photos from training to help advertise our class to others – for example, via our website.

Are you happy to be included in photography, and for it to be used as described above?

Yes	No
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The Wing Chun Collective

Club Rules & Disclaimer

We're keen to create a safe, enjoyable space where everyone is free and able to learn Wing Chun without harassment or intimidation. Our club operates a zero tolerance on bullying or any such harassment during or outside of training. Your instructor is here to keep you safe and help you learn – we ask that you please show respect and listen carefully to instructions when given, as they are for your own protection.

Training within our club is done entirely at your own risk, in conjunction with our **assumption of risk form** which you must read and complete before training. We ask that you operate a common-sense approach – it's combat training, you're not made of metal – you might get hurt.

We'll do all we can to protect you, however, injuries can from time to time occur. You agree to undertake training at your own risk and must make reasonable arrangements by your own accord should you require insurance for personal accident or liability. Talk to your instructor if you are in any doubt.

Please confirm you are happy to agree to our club rules and disclaimer.

I AGREE

PLEASE CHECK THE BOX & SIGN ABOVE

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Medical Disclosure

We need to know if you have any past or current medical conditions, injuries or medication that you might need to disclose to your instructor.

This is stored in the utmost of confidence and will be treated with sensitivity. Our instructor needs to know if there are any injuries or conditions present that might heighten your risk of injury or harm when undertaking different exercises and drills.

Should the worst happen, and an injury occur, it is essential the instructor is aware of any underlying medical conditions or injuries that might have contributed to or caused an incident.

Please talk with your GP before training with us if you have any concerns or any medical conditions past or present to ensure it is safe to proceed.

Medical Conditions & Injuries

Please think carefully and include any past or present injuries and medical conditions that might affect your ability to participate. This might include, for example, a previously broken left wrist that is now weakened, or a knee that is weak (but has not been investigated by your doctor), or it could refer to a past or on-going condition – such as Asthma or Arthritis.

Medical History

Condition	Yes	No	Condition	Yes	No
Do you have a heart condition e.g., altered cardiac rhythm?			Do you have any skin lesions/open wounds/eczema?		
Do you have high/low blood pressure?			Do you have any blood disorders?		
Do you have a pacemaker?			Do you suffer from thrombosis or haemorrhage?		
Do you have Type 1 or 2 Diabetes?			Do you suffer from epilepsy?		
Do you have any orthopaedic problems?			Have you had radio therapy in the last 6 months?		
Do you have any metal (plates, pins, screws, fixators, etc.)?			Have you had an operation in the last 6 months?		
Do you have any exposed nerve tissue e.g., spina bifida?					

If answered yes above or if you have any other conditions not covered, please provide details below:



The Wing Chun Collective

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Please also include details of any allergies you might have.

Medication or Specific Requirements

We're committed to offering an equal opportunity for everyone to participate regardless of any medical requirements or mobility issues.

Please note any medication you are on that might affect the way you act during the class or might change your abilities during exercise. Please also declare any disabilities you would like noted, or any other requirements you may have.

Pregnancy

Unfortunately, our classes are not suitable for anyone who is, or may be, pregnant due to the nature of impact and contact. We won't ask you to confirm you're not pregnant – but please talk to your instructor now, or in the future, should this become relevant.

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The Wing Chun Collective

EMERGENCY CONTACT / NEXT OF KIN

Please indicate who we should contact in the unlikely event of an incident.

* Name:

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* Contact No:

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* Relationship

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SIGNATURE

I, the above-named student, confirm that the details enclosed in this document are accurate and true to the best of my understanding, and I declare that I am fit to participate.

Signed:

Print:

Date: