



# I-KICK MARTIAL ARTS GYM MEMBERSHIP

## MEMBER CONSULTATION FORM

Member's Name: .....

Member's DOB: .....

Member's Sex: .....

Member's Contact Number: .....

Member's Emergency Contact Number: .....

Member's Email Address: .....

Member's Address:

.....

.....

Member's Postcode: .....

How did you hear about us? .....



## PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

Being more active is very safe for most people. However, some people should check with their doctor before they start becoming more physically active.

If you are planning to become much more physically active than you currently are, start by answering the questions in the box below. If you are between the ages of 14 and 69, the PAR-Q will tell you if you should check with your doctor prior to beginning a new physical activity regime. If you are over the age of 69 and are not used to being very active, please check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly.

Please circle either 'YES' or 'NO' for each question:

Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?	YES	NO
Do you feel pain in your chest when you do physical activity?	YES	NO
In the past month, have you had any chest pain when you were not doing physical activity?	YES	NO
Do you regularly lose your balance due to dizziness or do you ever lose consciousness?	YES	NO
Do you have a known bone or joint problem (for example – back, knee, and hip) that could be made worse by a change in physical activity levels?	YES	NO
Is your doctor currently prescribing medications for your blood pressure, heart conditions or any other health conditions? (for example – water pills)	YES	NO
Do you know of any other reasons why you should not do physical activity?	YES	NO

If you answered 'YES' to one or more of the above questions:

Talk with your doctor by phone or in person BEFORE you start becoming more physically active or BEFORE you have a fitness appraisal. Please tell your doctor about the PAR-Q and which questions you answered 'YES' to.

1. You may be able to do any activity you want, as long as you slowly start and build-up gradually. Or, you may need to restrict your activities to those which are safer for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
2. Find out which community programmes are safe and helpful for you.

Delay becoming much more physically active if:

1. If you are not feeling well because of a temporary illness such as a cold or fever, please wait until you feel better.
2. If you are or may be pregnant, please talk to your doctor before becoming more physically active.

**PLEASE NOTE – If your health changes so that you then answer 'YES' to any of the above questions, please inform your fitness Health Professional.**



## INFORMED CONSENT FORM

### **General Statement of Program Objectives and Procedures:**

I understand that this physical fitness programme/martial arts training includes exercises to build cardio respiratory system (heart and lungs), the musculoskeletal system (muscular endurance, muscular strength and flexibility), and to improve body composition (decrease body fat in individuals needing to lose fat, with an increase in weight of muscle and bone). Exercise may include aerobic activities (e.g. – pad work, martial arts skill development, treadmill, walking, running, bicycle riding, rowing machine exercises, group aerobic activity, swimming and other aerobic activities), bodyweight exercises and weight lifting to improve muscular strength and endurance as well as flexibility exercises to enhance joint range of motion. I also understand that all Nutritional advice, guidance or recommendations given by the I-Kick Martial Arts (IKMA hereafter) Coaches/Trainers is from their own practice, experience and research and is followed at my own risk.

### Description of potential risk:

I understand that the reaction of the heart, lung and blood vessel systems to exercise/physical activity cannot always be predicted with accuracy. I know there is a risk of certain abnormal changes occurring during or following exercise which may include abnormalities of blood pressure or heart attacks. Use of weight-lifting equipment and engaging in heavy bodyweight exercises along with martial arts based physical contact may lead to musculoskeletal strains, pains and injury if an adequate warm-up, gradual progression and safety procedures are not followed. I understand that the trainer shall not be liable for any damages arising from personal injuries sustained by the client whilst and during the training programme or sessions. The client using the exercising equipment during the personal training programme does so at his/her own risk. The client assumes full responsibility for any injuries or damages which may occur during the training.

I hereby fully and forever release and discharge IKMA, it's Coaches/Trainers and agents from all claims, demands, damages, rights of action, present and future therein.

I understand and warrant, release and agree that I am in good physical condition and that I have no disability, impairment or ailment preventing me from engaging in active or passive exercise that will be detrimental to health, safety, comfort or physical condition if I engage or participate (other than those items fully discussed on the health history form).

I state that I have had a recent physical check-up and have my personal physician's/GP's permission to engage in aerobic and/or anaerobic conditioning and physical activity.

### Description of potential benefits:

I understand that a programme of regular exercise for the heart, lungs, muscles and joints, has many benefits associated with it. These may include; a decrease in body fat, improvement in blood fats and blood pressure, improvement in physiological function and a decrease in the risk of heart disease.

I have read the foregoing information and understand it fully. Any questions which I may have had have now been explained to me and answered to my satisfaction. I also consent to my Trainer storing the data I have given on these forms.



Please answer the below questions truthfully.

Have you ever had a Gym Membership before?	
Are you currently a member of a Gym/Club?	
How long have you been considering getting into training for?	
<b>Females Only</b> – Are you on any contraception? If so, please specify.	
<b>Females Only</b> - Is your cycle regular? If so, when is your next period due?	
<b>Females</b> – If you don't have a regular cycle, please provide more information?	
Do you participate in any sports or other forms of physical activity?	
Do you smoke?	
How many units of alcohol do you drink each week approximately?	
On a scale of 1-5 (1 = not very, 5 = 100% dedicated) how confident are you using Gym equipment on you own?	



# Client Agreement

By signing this form, I am agreeing to the following terms:

1. I must book in to use the Gym facility via the I-Kick Martial Arts members app. Failure to book in to use the gym will result in refusal to use the facility.
2. The IKMA Gym facility is only available to book and use within the gyms opening hours. I cannot use the gym out with IKMA's normal operating hours.
3. IKMA Gym Membership is paid for via Direct Debit. Payment is taken on the 1<sup>st</sup> of each month and is paid upfront in advance.
4. Any cancellation of an agreed membership must be put in writing to [info@i-kickmartialarts.co.uk](mailto:info@i-kickmartialarts.co.uk) and done so 30 days in advance of the membership being cancelled. Failure to give 30 day's notice before the cancellation date agreed, then the monthly membership will still be charged in full.

## **Prices:**

IKMA Gym Membership - £10 per month

*"I ..... have read, understood and answered truthfully to all of the questions throughout this consultation form. I fully consent and agree with all the statements made in this form and undertake my training programme at my own risk. I have also had an initial induction from a member of the IKMA staff on how to use the facility and any questions I had were answered fully to my satisfaction."*

Client Signature: .....

Date: .....

Parent/Guardian Signature: .....  
(If client is under 18 years old)

Date: .....

IKMA Staff Signature: .....

Date: .....