



Ajitu Capoeira UK - Bournemouth - Southampton – Portsmouth Web: www.ajitucapoeira.com

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Ajitu Capoeira and its teachers are insured members of the AMA – Amateur Martial Association

Child Full Name: _____

DOB: _____ Age: _____ Blood type _____

Date start Capoeira _____ Nickname _____ Nationality: _____

Father's Full Name: _____

Mother's Full Name: _____

Address: _____

Town _____ Post code _____ Mobile _____

E-mail: _____ Facebook: _____

I would like to be contacted by: () Email () Facebook () Mobile () All 3 options () Do not contact me

HAS YOUR CHILD PRACTISED CAPOEIRA BEFORE? () YES () NO – If you answered YES, please provide us with the following information.

Country _____ City: _____ Group: _____

Teacher: _____ How long for: _____ Graduation _____

HOW DID YOU GET TO HEAR ABOUT US? () Internet () Friend () Poster / Flyer () Others _____

MEDICAL INFORMATION - Has your child ever suffered from any of the following illnesses?

Severe anxiety, depression, other psychiatric disorder	() YES () NO
Paralysis or other neurological disorder	() YES () NO
Fainting attacks, blackouts, epilepsy or fits	() YES () NO
Recurrent headaches, migraine	() YES () NO
Heart disease, high blood pressure	() YES () NO
Asthma, bronchitis, tuberculosis or other chest disease	() YES () NO
Diabetes – Do you take insulin	() YES () NO
Any recurrent infections	() YES () NO
Hernia	() YES () NO
Are you at present on any medication or treatment prescribed by a doctor?	() YES () NO
Knee / Wrist / Lower back / joint or bone problems	() YES () NO
Any other relevant health problems?	() YES () NO

If YES to any of the above, please give us details _____

Parent/Guardian _____

I declare that, to the best of my knowledge, the information I have given is correct, I assume any responsibility for my child to take Capoeira lessons if I have answered “YES” to any of the conditions described above. I understand that Capoeira is a martial art; therefore minor injuries could occur due to the lack of attention of my child or other children during the class. I reserve the rights to investigate the occurred and if it is proven the instructor was not responsible for the incident I shall not prosecute the instructor present.

Thank you very much for your time in filling out this form, this information will be kept in privacy and your details will not be passed to any third parties.