



## JITSUEI KAI KARATE-DO NEW ZEALAND



### MEDICAL AND CONTACT INFORMATION

#### Student Details:

Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Student mobile: \_\_\_\_\_ Student email: \_\_\_\_\_

Do you want this student to be on our newsletter list?  Yes  No

#### Dojo:

Tuam st  Lyttelton  Cashmere  Medbury  Grammar

#### Primary Contact (Parent/Guardian):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Do you want this person to be on our newsletter list?  Yes  No

#### Secondary Contact (Parent/Guardian):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Do you want this person to be on our newsletter list?  Yes  No

#### Web and Social Media imagery

At times the club takes photos or video of trainings, competitions etc for use on social media and our website for promotion of club activities. These may also on occasion be printed and put up in the dojo. If you give consent you can still ask to have imagery removed and deleted at anytime by emailing us on [gary@karatechristchurch.co.nz](mailto:gary@karatechristchurch.co.nz)

Please tick this box to indicate you are happy to have you and/or your child's image posted online or printed in dojo.

***Please continue on page 2***

**Medical Information**

Doctors Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Conditions**

- Medication
- Allergies
- History of concussions
- Fainting episodes
- Seizures and/or epilepsy
- Heart condition
- Hearing problem
- Wears dental appliance
- Wears glasses/lenses  Are they shatter proof?
- Asthma  Mild  Moderate  Severe
- Diabetes  Type 1  Type 2
- Wears a medical bracelet: Reason: \_\_\_\_\_

If you have answered "YES" to any of the above, please give details and action that should be taken (if not enough room please attach another page).

**I authorise this information to be kept on file to be used for health, safety and communication purposes.**

**Signed:** (Student if 18+ years, Parent, Guardian) \_\_\_\_\_

**Please hand to your sensei or email to [gary@karatechristchurch.co.nz](mailto:gary@karatechristchurch.co.nz)**

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**How did you hear about us?**

- Word of mouth  Internet search  Facebook  Street signage  Saw team at competition
- Returning student after break  Other \_\_\_\_\_

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**For Office Use:**

Dean Sensei: \_\_\_\_\_ George Sensei: \_\_\_\_\_ Sophie Sensei: \_\_\_\_\_  
 Gary Sensei: \_\_\_\_\_ Heather Sensei: \_\_\_\_\_ Chantelle Sensei: \_\_\_\_\_