ESKF Fu Application

**NAME: ………………………………………………………………………………..**

**ADDRESS: …………………………………………………………….…………….**

**……………………………………………………………………………………………**

**D.O.B: …………………………………………………………………………………**

**CONTACT: …………………………………………………………………………..**

**MEDICAL QUESTIONAIRE**

**All personal details will be kept confidential under the guidelines of the Data Protection Act 1984**

**Do you have a medical condition or pre-existing injury? If yes please provide details.**

**MEDICAL CONDITION SYMPTOMS**

**MEDICATION DOSAGE**

**Where is your medication kept during class: …………………………………..**

**Have you had a Hepatitis B injection? (Recommended)…………………..**

**Disclaimer**

***Attendance at these classes is entirely at the participants own risk. The organisers, promoters and instructors accept no liability for injury or loss sustained before, during or after the class.***

I certify that the above information is true and correct

**Student/Guardian Signature: Date:**