

FULL NAME OF PARENT OR GUARDIAN _____ **DATE:** / /
(Must Be 18 Years or Older) DD / MM / YYYY

QUESTIONNAIRE

Please Read Carefully.

HAVE YOU DONE TAEKWONDO BEFORE? YES__ NO __ STYLE_____ BELT: White _ Y _ O _ G _ B _ R _ Black

SCHOOL:_____ LOCATION:_____ MASTER:_____

WHAT BENEFIT DO YOU WISH TO GAIN BY JOINING OUR PROGRAM?_____

HOW DID YOU DID YOU FIND OUT ABOUT OUR PROGRAM?_____

PHYSICAL ACTIVITY READINESS

YES NO

==	==	Do you have any health problems we need to know about before you start working out with us?
==	==	Are you aware of any reason why you should not participate in any physical activity?
==	==	Do you need prior Medical Authorization to participate in physical activity?
==	==	Do you have any bone, joint or muscle problems that could be aggravated by physical activity?
==	==	Do you experience swollen joints after participating in physical activity? Which joints:_____
==	==	Do you experience back problems after engaging in physical activity?
==	==	Do you have chest pain after physical activity?
==	==	Have you experienced any chest pain in the past month? If yes, please explain:_____
==	==	Has your doctor ever told you that you have a heart condition?
==	==	Do you ever get dizzy, lose your balance or lose consciousness after physical activity?
==	==	Do you have an elevated blood pressure level after engaging in physical activity?
==	==	Do you have Asthma? On medication for it? Puffer_____ Other_____
==	==	Do you have any allergies? To What? _____ Medication/Antidote: _____
==	==	Are you currently on medication for any type of medical condition? Please explain: _____
==	==	_____
==	==	Have you been diagnosed with Autism Spectrum Disorder? Please explain: _____
==	==	_____

NOTE: If you answered "Yes" to any of the above questions, you may experience some difficulty participating in this activity. You are, therefore, strongly advised to consult your doctor before taking your first class. If you answered "No" to all the questions you are probably fit to participate in this activity. However, it is always a good idea to check with your Doctor regardless. Etobicoke Taekwondo & DehCamp reserves the right to demand a Doctor's Note prior to your admission into this program.

WAIVER

I _____ recognize that a threat of injury exists in participating in this activity. I further understand that each person has a different capacity level for participating in physical activity, and the potential for health risks such as; fainting, abnormal blood pressure, chest discomfort, leg cramps, and dizziness may be experienced.

I hereby:

- Willingly assume such risks of injury and of health
- Assume full responsibility during or after participating in this activity.
- Release and forever discharge Etobicoke Taekwondo & DehCamp, its Directors, Instructors, Contractors and Members from all actions, damages, claims, loss or injury of any nature and kind arising as a result of participating in this activity.
- Authorize the provision of medical assistance, if needed, by qualified medical practitioners.
- Authorize Etobicoke Taekwondo & DehCamp to use testimonials, photo or video images of me or my child, in Club brochures, Website, Posters and other advertising.
- Certify that I am authorized to sign this 'Waiver' without the consent of any other person; Parent or Guardian.

*****I DECLARE THAT I HAVE READ AND ACCEPT THE CONTENTS OF THIS WAIVER IN IT'S ENTIRETY.*****

SIGNATURE OF PARTICIPANT/PARENT/GUARDIAN _____ DATE ____/____/____
(Must Be 18 Years or Older) DD / MM / YYYY
2025-2026