



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

Full Name: _____

Address: _____

Town _____ Post code _____ Nationality _____

DOB: _____ Age: _____ Blood type _____

E-mail: _____ Facebook: _____

Mobile: _____ Date start Capoeira _____ Nickname _____

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

HAVE YOU PRACTISED CAPOEIRA BEFORE? () YES () NO – If you answered YES, please provide us with the following information. If you still training with other group, make sure to have permission from your teacher to come to our class.

Country _____ City: _____ Group: _____

Teacher: _____ How long for: _____ Graduation _____

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

MEDICAL INFORMATION - Have you 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
Are you pregnant?	() YES () NO
Diabetes – Do you take insulin	() YES () NO
Any recurrent infections	() YES () NO
Hernia	() YES () NO
Any alcohol or drug related problems or illness	() 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
Do you have any other relevant health problems?	() YES () NO

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

If you are under 16 years old, it is necessary that your parent/guardian also signs the application

Signature

Parent/Guardian

I declare that, to the best of my knowledge, the information I have given is correct, I assume any responsibility for myself during the training if I insist in participating in the class if I have said YES to any of the conditions described above.

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.

Professora Bia – Beatriz Viana