

Additional Child / Teen details

Name: _____
Given name Family name

Date of birth: _____
Day Month Year Height in cm (for uniform size)

Health

Does the child/teen named above have any health issues or injuries we should know about?

None Allergy Asthma Injury Other: _____

Details: _____
What do we need to know to manage health issues / injuries during class / at the dojo?

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