



Australian Academy of Martial Arts Karate-Do Club Inc

PO Box 588 | Mt Gravatt Qld 4122

admin@aama.com.au | Phone: 0491 139 027

Healthy Ageing Program - Student Form

Personal Details

Name _____

Address _____

Occupation _____

Date of Birth _____

Activity Levels

What sports have you played? _____

What sports do you currently play? _____

Overall fitness level Poor Fair Good

Why are you interested in a Karate based approach to healthy ageing?

Memory training Confidence Better than the gym

Flexibility Muscle tone Other

Weight management Self defence Specify: _____

Health Information

Do you have any health issues?

Blood pressure Use of blood thinners Communicable diseases

Heart issues Knee pain/stiffness Other

Neck and/or back issues General stiffness Specify: _____

Please confirm that you have discussed this program with your doctor and gained their approval for you to participate?	Yes	No
--	-----	----

Signature _____

Date _____