



Valhalla Muay Thai Stables



Membership form.

PERSONAL INFORMATION

Name: _____ D.O.B _____
 Address: _____
 Suburb: _____ P/C _____
 Phone: _____ Hm _____
 Email: _____
 EMERGENCY CONTACT: _____ PH: _____
 Occupation: _____

Do you or have you experienced any of the following health issues?

Heart problems	Arthritis
Chest pain	Back pain
Asthma	Hernia
Other respiratory problems	Pregnant
Diabetes	Epilepsy
Thyroid problems	High or low blood pressure
Osteoporosis	Have you had a Blood Test in the last 6 months Yes No (please Circle)
Gastric problems	
Do you take sports Supplements YES No	
Injuries of any kind	Other
Details _____	

Are you or have you ever been a member of a criminal organisation: yes / no

GOALS

Please circle what you want to achieve at Valhalla.

Weight loss Fitness Fitness and Technique Ring Fighting

Have you had any previous experience in Muay Thai kickboxing or any other martial arts?
If so where and when: _____

I understand that the above information is true and correct; I know that the information given is completely confidential. I currently do not have any physical injuries or ailments that may prevent me from training in Muay Thai kickboxing and that I do so at my own risk. I agree not to hold Valhalla Muay Thai stables or any of the trainers responsible for any injuries that may arise in participating in Muay Thai kickboxing.

Print Name: _____ Date: _____

Signed: _____

Valhalla Trainer signature: _____

Trainers please initial once client has been entered into system: