



Alpha UPKUDO

Student Information Form

School Location(s): Alpha Lafayette Tully's GCPS (_____)

Student Information: Name: _____ Gender: _____ Age: _____

Mobile Phone: _____ Work Phone: _____

Other Phone: _____ Email: _____

Address: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone: _____

Physician Contact (if applicable): _____

Physician Contact Phone: _____

What is your goal for taking this class? _____

Medical Information: Please check in the space provided if you have a history of the following:

Condition	✓	Condition	✓
1. Heart Attack	___	8. Phlebitis or embolism	___
2. Bypass or cardiac surgery	___	9. Shortness of breath w/ or wo exercise	___
3. Chest discomfort with exertion	___	10. Fainting or light-headedness	___
4. High blood pressure	___	11. Pulmonary disease or disorder	___
5. Rapid or runaway heartbeat	___	12. High blood fat (lipid) level	___
6. Skipped heartbeat	___	13. Stroke	___
7. Rheumatic fever	___	14. Recent hospitalization for any cause (Y/N) _____ List specifics: _____	
		15. Orthopedic problems (including arthritis) (Y/N) _____ List specifics: _____	
		16. Any important information your instructor needs to know such as physical problems, etc.	

NOTE: We accept cash and check only for dues. If paying by check, payer's social security number (SSN) and date of birth (DOB) must be on file. SSN and DOB can be provided in person and kept in locked file. Any returned checks will have a \$40 return check fee. Gear/supplies may be paid by cash, check, debit or credit card. Testing is cash and check only.

NOTE: Waiver must be signed before participating.