



### **Medical Statement**

I, the undersigned, Dr. \_\_\_\_\_ hereby confirm that I know Mr./Mrs./Miss \_\_\_\_\_, I.D. no./ Passport no. \_\_\_\_\_ and that to my knowledge, and after questioning him/her about his/her health, diseases, hospitalizations and physical impairments in the past and in the present, and according to the tests I run, doesn't have any indications in his/her mental, physical and health condition that might keep him/her from participating in the practical training in the field of Krav-Maga (hand-to-hand combat).

Location: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Stamp: \_\_\_\_\_

### **AND**

*[for applicants who are 18 years old and above]*

I, the undersigned \_\_\_\_\_, I.D. no./ Passport no \_\_\_\_\_, confirms, undertakes and warrants that I am in good health and do not suffer from any illness and/or physical or mental impairment, which may affect my attendance or active participation in the Course, and that I have not suffered in the past, and do not suffer presently of chest pain and/or chest pain during physical effort and/or dizziness and/or elevated blood pressure and/or cardiac murmur and/or head injury and/or loss of consciousness, and that I do not consume medication regularly.

Applicant name: \_\_\_\_\_ Applicants signature: \_\_\_\_\_ Date: \_\_\_\_\_

*[for applicants who are less than 18 years old]*

### **Parent's or Guardian's Consent**

I, \_\_\_\_\_ \*parent/guardian of \_\_\_\_\_ hereby apply on behalf of my child/ward for the admission to the Practical "Krav-Maga" Instructor course. I declare that the information given in this form is accurate, current and complete. I understand if falsified information is submitted, admission will be rescinded. My \*child/ward will comply with all terms & conditions, rules and regulations of the ICS Institute. (\*Delete where applicable)

Date: \_\_\_\_\_ Parent's/Guardian's name \_\_\_\_\_

Parent's/Guardian's signature: \_\_\_\_\_