

NAME..... D.O.B.....

ADDRESS.....

Phone - Home..... Mobile..... Email.....

Emergency contact: Name..... Phone No.....

Have you at any time experienced any of the following? :- **PLEASE CIRCLE**

ASTHMA or other lung condition	YES	NO
DIABETES or THYROID condition	YES	NO
EPILEPSY	YES	NO
HEART/STROKE CONDITION	YES	NO
HIGH/LOW BLOOD PRESSURE	YES	NO
HERNIA	YES	NO
JOINT PROBLEMS/ ARTHRITIS	YES	NO
MUSCULAR PROBLEMS	YES	NO
INCREASED BLOOD CHOLESTEROL	YES	NO
Are you PREGNANT or have you given birth in the last 6 months	YES	NO
Are you taking any MEDICATION?	YES	NO
Have you had any SURGERY/ INJURY in the last 12 months?	YES	NO
Have you had advice from doctor NOT to EXERCISE?	YES	NO
Do you SMOKE?	YES	NO
Any other CONDITIONS/ INJURIES that you think may limit your ACTIVITY PROGRAMME	YES	NO

If 'YES' to any of the above questions please explain below, or discuss with instructor.

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Are you taking any other exercise?.....

Goals for attending exercise classes? (e.g.Core strength, rehabilitation, fun?).....

IF MY HEALTH CONDITION CHANGES IN ANY WAY IT IS MY RESPONSIBILITY TO INFORM THE INSTRUCTOR

THE INSTRUCTOR UNDERTAKES TO TEACH SAFELY & EFFECTIVELY, TAKING ACCOUNT OF THE INFORMATION YOU HAVE PROVIDED, BUT PLEASE REMEMBER THAT YOU EXERCISE AT YOUR OWN RISK

I HAVE READ AND UNDERSTOOD THE ABOVE AND ANSWERED THE QUESTIONS CORRECTLY TO THE BEST OF MY KNOWLEDGE.

CANCELLATION POLICY. I UNDERSTAND THAT CLASS SIZE IS STRICTLY LIMITED AND UNLESS 24 HOURS NOTICE IS GIVEN BY ME, ANY BOOKED CLASS WILL BE PAID FOR.

SIGNED:.....DATE:.....