



## DANCE, FITNESS & AERIAL AWESOMNESS

All information will be treated confidentially – Please tick here if you do not wish to receive information from us

### Participant Details:

<b>Title</b>		<b>Name</b>	
<b>Address line 1</b>		<b>Address line 2</b>	
<b>Town</b>		<b>Post Code</b>	
<b>Mobile Number</b>		<b>Email</b>	
<b>Date of Birth</b>		<b>Emergency Contact</b>	

### Parent/Guardian Details:

<b>Title</b>		<b>Name</b>	
<b>Address line 1</b>		<b>Address line 2</b>	
<b>Town</b>		<b>Post Code</b>	
<b>Mobile Number</b>		<b>Email</b>	
<b>Date of Birth</b>		<b>Relationship to Participant</b>	

### Medical Background:

<b>Question (if answer is YES, please give details)</b>	<b>YES</b>	<b>NO</b>
Has the participant ever been advised by a doctor not to exercise?		
Does the participant have any heart or blood pressure problems? (relevant to or which may affect exercising)		
Does the participant have any bone or joint problems?		
Does the participant suffer from Asthma/Diabetes or Epilepsy?		
Is the participant on any prescribed medication that may affect you during exercise?		
Has the participant recently had any surgery?		
Is the participant pregnant, have you recently had a baby, or are you still breastfeeding?		
Does the participant suffer from any back or neck pain?		
Does the participant often feel faint or dizzy?		

Please see other side...

Has the participant had any injuries (recent or previous) that you think we should be aware of? (If Yes, please give details)

**We reserve the right to defer any student to seek medical advice if they have answered 'Yes' to any of the above questions**

**Fitness Capabilities:**

Question	Answer
Is the participant used to regular exercise?	
How often does the participant exercise currently & what type of exercise do you do?	
Has the participant ever taken part in this type of activity before?	<b>(Please specify activity)</b>
What are their aims for exercising?	

I confirm that all information given is true to my knowledge. I agree to take full responsibility for my actions during any aerial fitness, dance, yoga or other fitness classes. I understand that it is my responsibility to take account of any impediments I have before I begin, and I have notified my instructor of any medical conditions that may affect me during the class. I will cease participation and inform the instructor if I feel unwell and will work at my own level throughout the class. I hereby confirm that I will not consume any performance altering substances before the class (e.g., alcohol). I understand that I should listen carefully to the instruction given to me and will not attempt any new or difficult moves without my instructors consent. I will also be aware of others around me and inform my instructor privately if I believe any other participant is putting themselves or the other students at risk. I will behave appropriately in class and always act with care and be aware of my surroundings and other students especially when using equipment.

Signed by participant		Date	
Signed by parent or guardian		Date	

**Further comments or information...**