# **Client Details:**

|  |  |
| --- | --- |
| NAME |  |
| ADDRESS |  |
| EMAIL |  | PHONE |  |

**Activity Details:**

|  |  |
| --- | --- |
| Carpet bowls Chi Kung K55+ Exercise group Pickleball  | Qigong Shibashi Seniors Tap Dancing Yoga  |

**Emergency Contact:**

|  |  |
| --- | --- |
| NAME | PHONE |

**Conditions of Enrolment:**

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| --- |
| It is your, the participants, responsibility to advise the fitness instructor of any health issues or injuries that may impact your ability to undertake any or all of the activities before each class commences. If you experience any symptom or injury during a class you must immediately notify the instructor. All exercise and activity involve some risk that you may injure yourself. The likelihood of this risk is greater if you have an existing medical condition, and as you age. We require that you self-assess your level of fitness and consult with you Doctor (GP) prior to undertaking any physical activity. I accept the risk: Signed: Date: |

Name:

Are you currently doing any exercise? Yes / No. If yes, please provide further information:

Have you done much exercise in the past? Yes / No. If yes, please provide further information:

Do you have you any history of:

Heart condition: Yes / No High Blood Pressure: Yes / No Asthma: Yes/No

High Cholesterol: Yes / No Low Blood Pressure: Yes / No Stroke: Yes/No

Arthritis: Yes / No Epilepsy: Yes / No Diabetes: Yes/No

If **yes** to any of the above please provide further information:

Do you have any orthopedic problems (e.g. knee, ankle etc.)? Yes / No. If yes, please provide

further information:

Have you had any injuries / surgeries that may impact your ability to participate in an exercise / fitness

program? Yes / No. If yes, please provide further information:

Please provide details of any other medical or physical condition that may affect your ability to

participate in an exercise / fitness program.

**Declaration:**

In my opinion, there is no medical or physical reason why I should not take part in this exercise /

fitness program. I understand that all reasonable safety precautions will be observed & I agree

to accept responsibility for any injuries that may be sustained while taking part in this program.

Signed: Date: