

Registration Form

- All information will be treated in the strictest confidence

Name: _____

Address: _____

Age: _____ Mobile: _____ Email: _____

DO YOU NOW OR HAVE YOU HAD IN THE PAST 12 MONTHS:

YES NO

- History of heart problems
- History of heart problems in your immediate family
- High blood pressure
- History of lung problems
- Do you suffer from Asthma or other respiratory problems?
- Do you suffer from pain or limited movements in any joints?
- Do you suffer from back problems?
- Do you suffer with Epilepsy?
- Do you suffer with Diabetes?
- Have you had a recent operation/injury/chronic illness?
- If yes, please give full details: _____

- Is there any reason why you should not participate in exercise?
- If yes, please give full details: _____

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- Are you taking any drugs or medication?
- Are you pregnant or post natal?
- Have you been exercising previous to this?
- If you have been exercising, please give details below:

- Type of exercise: _____
- Frequency of exercise: _____
- Perceived intensity of exercise: Hard ☐ Medium ☐ Light ☐

Please state any illness/injury you have suffered, or presently suffering, if not asked above:

I declare to the best of my knowledge that the information given above is correct and I know of no reason why I should not participate in an exercise programme. I am aware and understand that there are associated risks with any type of exercise programme which may lead to injury or even death.

Signed: _____ Date: _____