

# BODY & BALANCE

## Enrolment Form

Name \_\_\_\_\_

Class time \_\_\_\_\_ Location \_\_\_\_\_

Age \_\_\_\_\_ Male  Female

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

### IN CASE OF EMERGENCY

Name \_\_\_\_\_

Home Tel \_\_\_\_\_

Relationship \_\_\_\_\_

Work Tel \_\_\_\_\_

Tel(BH) \_\_\_\_\_ Tel(AH) \_\_\_\_\_

Mobile \_\_\_\_\_

### Pre-Exercise Questions

While Body and Balance exercise is designed for all levels of Fitness, it is important to check with your Doctor before commencing and let the instructor know of any medical conditions.

This is particularly important if you are or recently have been pregnant, injured or ill

Please read and complete the following questionnaire carefully.

Do you exercise at least once a week? Yes  No

Are you on prescription medication? Yes  No

Are you or have you been pregnant or

Had a baby in the last six months? Yes  No

If you are currently pregnant, Yes  No

How many months? .....

Have you been hospitalised in the Last six months?

Yes  No

### Medical Conditions

Is there any condition(s) that could affect your ability to exercise?

(for example Stroke, Heart Condition, High Blood Pressure

>140/90, Palpitations, Diabetes, Epilepsy, Rheumatic Fever, Arthritis, Cramps, Asthma or Neck, Ankle, Back, Knee and Muscular Pains).

Yes  No  If yes, please provide details below.

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### Personal Statement and Waiver

I \_\_\_\_\_ advise that I don not have any injuries, ailments or conditions which would prevent me from undertaking Body & Balance exercise classes and that I take this class at my own risk. If I answered yes to the Medical Conditions question above, I have sought qualified professional advice regarding my ability

to participate in this class and am satisfied with that advice. I understand that Body & Balance instructors are not qualified or able to provide medical advice and I indemnify Body & Balance instructors and staff against any claim that

may result from my attendance and participation at any Body & Balance classes. I understand that this information is used as a guideline to the limitations of my ability to exercise. I have answered the questions to the best of my ability.

Signed \_\_\_\_\_ Date \_\_\_\_\_

### Please tell us where you heard of Body and Balance:

Web site: \_\_\_\_\_ Google  Natural Therapies Pages  Manly Daily  Leaflet  Friend

Other: \_\_\_\_\_