

Class attending day and location _____

Name _____

Date of Birth _____ Telephone _____

Email address _____

Emergency contact name and telephone _____

Health Conditions - Please tick all current and past health conditions.

If you have any of these conditions, you may be required to contact your GP before undertaking classes:

- | | | |
|--|---|---|
| <input type="checkbox"/> Heart condition | <input type="checkbox"/> <u>High</u> <input type="checkbox"/> <u>low</u> blood pressure | <input type="checkbox"/> High cholesterol |
| <input type="checkbox"/> Chest pain during exertion | <input type="checkbox"/> Dizziness or fainting | <input type="checkbox"/> Bone, joint or muscular problems |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Diabetes type <u>1</u> or <u>2</u> | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> <u>Vision</u> or <u>hearing</u> problems | <input type="checkbox"/> Pregnant within last 6 months |
| <input type="checkbox"/> I have been advised against taking exercise classes | <u>or</u> <input type="checkbox"/> I HAVE NO HEALTH CONDITIONS | |

Please provide details of the above, and also list any other medical conditions you may have:

Email - May I send you up-to-date information about class timetables, offers, news and advice via email? I will not pass on your email address to third parties. (Please circle).....Yes | No**Photography** - Do you give permission to be included in any group photographs/video clips that may be taken for class promotion? You will be informed beforehand, and can opt out at any time.Yes | No**How did you find out about these classes?** _____**Declaration** - I have read and completed this form in its entirety, and have answered all questions accurately.

I understand that I am responsible for monitoring myself throughout group exercise classes, and take full responsibility for my own actions. I will inform my instructor if any symptoms or changes occur.

I give my consent to you storing my personal data according to current data protection law.

Signature _____

Date _____

Data protection - please see my Privacy Statement