

Participant full name	Area and Postcode
Telephone number	Email
Gender Female/Male <input type="checkbox"/> <input type="checkbox"/>	Date of Birth
Emergency contact Name and relationship	Emergency contact number

Health Information

By completing these questions we can help you take part safely. Please advise your fitness instructor if is any change in your medical condition.

	YES	NO
1. Has your doctor ever said you have a heart / lung condition?		
2. Has your doctor ever provided you with any physical activity to a specific medical condition?		
3. Do you feel any pain in your chest when you do physical activity? Or in the past month, have you had chest pain when you were <u>not</u> doing a physical activity?		
4. Do you ever lose balance due to dizziness or ever lose consciousness?		
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
6. Are you taking any medications for blood pressure, diabetes or asthma?		
7. Have you ever been diagnosed with high or low blood pressure?		

Please tick if you have experienced any of the following:

Shortness of breath Neck problems High blood pressure Chest pain Back problems
 Heart Disease Arthritis Hip problems Asthma Blood disorder
 Knee problems Diabetes Hypoglycaemia Epilepsy Dizziness

1. Are: New to exercise <input type="checkbox"/> Starting exercise after a break <input type="checkbox"/> A regular exerciser <input type="checkbox"/>	YES	NO
2. Are you currently suffering any injuries which may affect you from exercising?		
3. Are you taking any medication?		
4. Have you had any recent surgery?		
5. Are you pregnant or have you had a child in the last 6 months?		
6. If answered yes above, have you had your 6 weeks post natal check? Did you have a C section?		

If you have answered YES to any of questions please provide details & say that you have clearance from your GP

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Please advise your instructor if there are any other conditions you feel they should know

Your Consent

I consent to taking part in these activities voluntarily and at my own risk. I have read and understood the medical questionnaire above. I fully understand that I may injure myself as a result of my participation in these classes and here by release the Active MK Fitness instructors from any liability now or in the future for any conditions that may arise from my voluntary participation.

Signed..... Printed..... Date.....

I consent to my son/daughter.....age.....taking part in the class by my own responsibility and consent same as above. Please state any medical conditions your child has.....

Signed..... Relationship to child.....

All information given will remain strictly private and confidential.

How did you hear about us?.....