



# STRONG BY ZUMBA™

CLIENT NAME: ..... SIGN-UP DATE ...../...../.....

MOBILE #: .....TELEPHONE #:.....

EMAIL: .....

ADDRESS: .....

.....POSTCODE:.....

IN EMERGENCY CONTACT (NAME): .....\*

\* **REQUIRED** TELEPHONE: .....\*

How did you hear about STRONG by Zumba™?.....

DELETE ANSWERS AS NECESSARY, PLEASE BE HONEST.			
1	Has your doctor ever said that you have a bone or joint problem, such as arthritis, that has been aggravated by exercise or might be made worse with exercise?	YES	NO
2	Do you have high blood pressure?	YES	NO
3	Do you have low blood pressure?	YES	NO
4	Do you have Diabetes Mellitus or any other metabolic disease?	YES	NO
5	Has your doctor ever said you have raised cholesterol (serum level above 6.2mmol/L)?	YES	NO
6	Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?	YES	NO
7	Have you ever felt pain in your chest when you do physical exercise?	YES	NO
8	Is your doctor currently prescribing you drugs or medication?	YES	NO
9	Have you ever suffered from unusual shortness of breath at rest or with mild exertion?	YES	NO
10	Is there any history of Coronary Heart Disease in your family?	YES	NO
11	Do you often feel faint, have spells of severe dizziness or have lost consciousness?	YES	NO
12	Do you currently drink more than the average amount of alcohol per week (21 units for men and 14 units for women)?	YES	NO
13	Do you currently smoke?	YES	NO
14	Are you, or is there any possibility that you might be pregnant?	YES	NO
15	Do you know of any other reason why you should not participate in a program of physical activity?	YES	NO

*I acknowledge that my participation in this Group Exercise program is at my sole risk.*

SIGNATURE: .....\* DATE: ...../...../.....