



LOUISE SEYMOUR - LIFECARE FITNESS

PRE-ACTIVITY REGISTRATION QUESTIONNAIRE

ALL INFORMATION IS TREATED IN THE STRICTEST CONFIDENCE

Your Contact Details

Date of Birth

Name: _____

Address Line 1: _____

Address Line 2: _____

Address Line 3: _____

Telephone Home: _____

Telephone Mobile: _____

Do you use WhatsApp on your Mobile Number and can we use it to contact you? Tick for YES

Email Address: _____

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Postcode: _____

We are obliged to ask you, in confidence, if you have ever suffered from, or been diagnosed with, or been treated for, any of the following:

Please Circle if appropriate

- | | |
|--|-----|
| 01. Chest pain or palpitations brought on by physical activity? | YES |
| 02. Heart problems or irregularities? | YES |
| 03. Epilepsy? | YES |
| 04. Hypertension? | YES |
| 05. Any bone or joint problem aggravated by physical activity? | YES |
| 06. Feeling faint or dizzy or losing consciousness? | YES |
| 07. Arthritis? | YES |
| 08. Cancer? | YES |
| 09. Diabetes? | YES |
| 10. Emphysema? | YES |
| 11. Back problems or Neck problems? If 'YES' please give details in the box below. | YES |
| 12. Do you smoke? | YES |

Are you aware, from your own experience or from any doctor's advice, of any other reason why you should not exercise without medical supervision? If so please give details in this box.

When you have completed the form details above please read and sign the following declaration:

- I agree that any information I give on this form and/or in any other manner now or at any time in the future, to Louise Seymour or Lifecare Fitness or its representatives is and will be correct to the best of my knowledge and belief. I have not withheld now and will not withhold at any time in the future, any relevant information which could be deemed a valid reason why I should refrain from exercising.
- I have, where I consider necessary and appropriate, consulted a Medical Practitioner to gain approval to start this kind of exercise and understand that physical activity of any kind, including exercise, can result in injury.
- I consent to undertake exercise at my own risk and to monitor my own physical condition. Should I develop any condition that affects my ability to exercise, I will inform my instructor immediately and request to complete a new Pre-Activity Registration Questionnaire in order to bring my personal information up to date.
- By signing this form I agree not to hold Louise Seymour, Lifecare Fitness or any of its representatives or agents, responsible for any personal loss, damage or injury of whatever nature and however caused.

Please Sign Your Name Below

Please Date This Form Below