



WRITTEN SCREENING FORM AND INFORMED CONSENT

PERSONAL DETAILS

Name _____ Date of Birth _____

Address _____

Telephone Number _____

Email Address _____

HEALTH QUESTIONS

Have you ever had any of the following: Heart conditions or chest pain?

High or low blood pressure? Faintness or dizzy spells? Asthma?

Diabetes?

Are you pregnant or postnatal?

Have you had any operations in the last year?

Any recent injuries?

Bone or joint problems?

Prescribed medicines or dietary supplements?

Any other medical conditions not previously mentioned?

Additional Information _____

If you have answered yes to any of the above questions, we would recommend that you seek advice and confirmation from your doctor prior to participating in the class.

History of physical activity _____

INFORMED CONSENT

The aims of this pole fitness session are to improve cardiovascular fitness, muscular strength and endurance, flexibility, and to learn new pole and aerial fitness moves.

Please notify the instructor before the session if you have sustained any injuries, illnesses or medical conditions or if you feel there are parts of the session you are unable to take part in; participation is completely voluntary. All information given to the instructor is completely private and confidential under data protection legislation. Please ask as many questions as possible during the session, especially if you do not completely understand any move that is demonstrated.

As with all exercise, pole and aerial fitness classes carry an element of risk and you may experience some bruising or burn and feel slightly achy for a few days afterwards. This session has been designed to minimise those risks and with continued practice your body will become conditioned to the movements involved. If during the session you feel excessive pain or discomfort, please notify the instructor immediately.

Sign below to confirm that you have agreed to participate in the classes described above and that you understand you are able to refuse any moves from the classes at any time.

Participant's Name _____

Participant's Signature _____ Date _____