Zest Fitness

Registration Form

**It is important for the safety and well-being of yourself and others that you provide full details of all allergies and relevant medical conditions.**

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| **Participant Details** | | | |
| **Forename** |  | **Surname** |  |
| **Date of Birth** |  | **Gender** | Male/Female |
| **Home Address** |  | | |
|  | | |
|  | **Postcode** |  |
| **Home Phone** |  | **Mobile Phone** |  |
| **Email** |  | | |

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| --- | --- | --- | --- |
| **Emergency Contact Details** | | | |
| **Name of Contact** |  | | |
| **Home Phone** |  | **Mobile Phone** |  |

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| --- | --- |
| **Medical Conditions** | |
| **Details of any conditions that currently require medical treatment or any other medical information that may be relevant** |  |
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| **Current Medication** | |
| **Details of any medication currently taken** |  |
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| **Allergies** | |
| **Details of any Allergies** |  |
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**If you answer Yes to any of the questions below, it is advisable to consult your doctor before you participate in activities:**

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| **Questionnaire** | |
| **Has a doctor ever said that you have a heart condition and recommended only medically supervised activity?** | Yes/No |
| **Do you have chest pain brought on by physical activity?** | Yes/No |
| **Have you developed chest pain in the past month?** | Yes/No |
| **Do you lose consciousness or fall over as a result of dizziness?** | Yes/No |
| **Do you have a bone or joint problem that could be aggravated by physical activity?** | Yes/No |
| **Has a doctor ever recommended medication for your blood pressure or a heart condition?** | Yes/No |
| **Are you aware through your own experience or from doctor’s advice of any other reason why you should not exercise without medical supervision?** | Yes/No |

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| --- | --- |
| **Muscle or Joint Problems** | |
| **Please detail all muscle or joint problems or complaints, e.g. back pain, neck strain, fractures, surgery etc.** |  |
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**I realise that my body’s reaction to exercise is not totally predictable. Should I develop a condition that affects my ability to exercise, I will inform my instructor immediately and stop exercising if necessary. I take full responsibility for monitoring my own physical condition at all times:**

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| --- | --- | --- | --- |
| **Application** | | | |
| **Signature of Participant** |  | **Date** |  |

Tick here if you do not wish to be kept informed of Zest Fitness courses, classes and other events.

**Please complete this Registration Form and either post it to us, scan and email it to us, or bring it along to your first session.**