

# Dancingkidz School of Dance

## Zumba Fitness / Toning Medical Questionnaire

### Personal Details

Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Telephone Number \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Email Address \_\_\_\_\_

How did you hear about class \_\_\_\_\_

Emergency contact name \_\_\_\_\_ Emergency contact number \_\_\_\_\_

### Medical Details

Should you answer 'Yes' to any of the following, we strongly recommend consulting your GP before participating in any exercise and accepting any risks:-

1. **Are you pregnant?** Y / N
2. **Do you have high blood pressure?** Y / N
3. **Do you have back, bone or joint problems which could worsen with exercise?** Y / N
4. Do you have a heart condition / experience chest pains? Y / N
5. Do you have any lung problems? Y / N
6. Do you ever become light-headed or dizzy? Y / N
7. Do you experience shortness of breathe? Y / N
8. Do you have raised cholesterol? Y / N
9. Are you diabetic? Y / N
10. Are you post natal? Y / N
11. Are you asthmatic? Y / N
12. Are you currently taking any medication? Y / N
13. Do you have epilepsy? Y / N
14. Have you had a recent operation / chronic illness / injury? Y / N
15. Are you aware of any reason why you shouldn't participate in exercise? Y / N

**Please provide more detail for 'Y' responses & discuss with your instructor prior to participating**

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I accept any risks involved in participating in a Zumba Fitness / Toning class, and have sought medical advice where applicable. I will inform the instructor if my medical condition should change, and seek medical advice prior to continuing in classes. I am aware completing a cool down at the end of the class is essential to mitigate injury and accept any risks involved should I leave before the class has ended. I am aware Dancingkidz Dance School and/or their Instructors accept no liability for my participation.

Participants Signature \_\_\_\_\_ Date \_\_\_\_\_ (09/11)