

Health Questionnaire & Consent Form



Personal Details

Full Name:	Date of Birth:
Address:	Contact Telephone Numbers: (Home/Mobile)
Email Address:	

Emergency Contact Details

Full Name:	Relationship to you:
Address:	Contact Telephone Numbers: (Home/Mobile)
Email Address:	

GDPR - How we contact you

Please indicate below how you would like to be contacted regarding class updates, special workshops and studio updates:

<input type="checkbox"/> Email	<input type="checkbox"/> SMS
<input type="checkbox"/> Telephone	<input type="checkbox"/> Please opt me out, I do not want to be contacted

Health Questions

Have you ever had any of the following? (Please tick below as applicable)

	YES	NO
Heart condition or chest pain	<input type="checkbox"/>	<input type="checkbox"/>
High or low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Faintness or dizzy spells	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Are you pregnant or postnatal?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any operations in the past year?	<input type="checkbox"/>	<input type="checkbox"/>
Any recent injuries	<input type="checkbox"/>	<input type="checkbox"/>
Bone or joint problems	<input type="checkbox"/>	<input type="checkbox"/>
Are you taking any medications or dietary supplements?	<input type="checkbox"/>	<input type="checkbox"/>
Any other medical conditions not previously mentioned	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered 'yes' to any of the above statements/questions, please provide additional details below. We would also recommend that you seek advice from your doctor prior to participating in the class.

Physical Activity Profile

Do you participate in any physical activity or exercise? If yes, please give full details below.

Do you have any previous aerial/stretch/hula hoop experience? If yes, please provide additional information.

What are your goals/aims of exercise, in particular taking part in aerial hoop/stretch/hula hoop classes?

Informed Consent

The aims of this fitness session are to improve cardiovascular fitness, muscular strength and endurance, flexibility and to learn new moves. The session will begin with a warm up, then a recap of moves learnt the previous week. We will then learn a series of new moves or transitions. This will follow with a routine/combination of moves, finishing with a cool down, incorporating stretches to improve flexibility.

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. Information given to the instructor is completely confidential under data protection legislation and participation is completely voluntary. Please ask as many questions as you feel you need to during the session, especially if you do not completely understand any move that is demonstrated.

As with all exercise, fitness classes carry an element of risk and dependent on your class you may experience some bruising or burn, tenderness around the back of your knees and/or on the palms of your hands. You may also feel slightly achy for a few days afterwards. Each session is designed to minimise these risks and with continued practice, your body will become conditioned to the movements involved. If during a session you feel excessive pain or discomfort, please notify an instructor immediately.

Please sign below to indicate that you have agreed to participate in the sessions as described above and that you understand that you may withdraw from any session at any time.

Participant's Name:

Participant's Signature
(if participant is **over** 18):

Parent/Carer/Guardian
Signature
(if participant is **under** 18):

Date: