



Group Training consultation and registration questionnaire

Name:  
Address

Date:

D.O.B:

Contact Number

E-mail clearly written: \_\_\_\_\_

Please read the following carefully. If you do not understand it or have any other questions about this form, please ask before you sign.

1. Has a doctor ever said that you have a heart condition and recommended only medically supervised activity? Yes No
2. Do you have chest pain brought on by physical activity? Yes No
3. Have you developed chest pain in the last month? Yes No
4. Have you on one or more occasion lost consciousness or fallen over as a result of dizziness? Yes No
5. Do you have a bone or joint disorder that could be aggravated by the proposed physical activity? Yes No
6. Has a doctor ever recommended medication for your blood pressure or a heart condition? Yes No
7. Are you aware, through your own experience or a doctor's advice of any other physical reason that would prohibit you from exercising without medical supervision? Yes No

Have you had any surgery in the last ten years? Yes No  
If yes, please give details -

Do you have any medical conditions e.g. Epilepsy, asthma, angina etc.? Yes No  
Details:

Any bone or joint problems like arthritis or osteoporosis? Yes No  
Details:

Do you smoke or drink alcohol? Yes No

Do you have a regular training plan? Yes No How many times per week?

What are your GOALS at the moment and what results do you want to see?

I hereby state that I have read, understood and answered honestly the questions above. I also state that I wish to participate in activities, which will include aerobic and resistance exercise outdoors. I realise that my participation in these activities involves risk of injury and even the possibility of a fatality. Furthermore, I hereby confirm that I am voluntarily engaging in an acceptable level of exercise, which has been recommended to me and I hereby release Catherine Chapman from any liability now or in the future from injury, conditions and losses that may occur. The undersigned consents to being part of Catherine Chapman Pilates mailing list for communication, News and updates. Your information will never be shared with 3<sup>rd</sup> parties.

Signed: \_\_\_\_\_

Additional info: