

Class Registration Form & PARQ

PART 1

Name:	Date of birth:
Phone no:	Email:
Emergency contact name:	Emergency contact number:

PART 2

Please circle Yes or No to the following – if you answer YES to any question, it is expressly recommended you consult with your medical caregiver before participating.

- Has your medical caregiver advise you that you have a heart condition and advised against some types of activity for this reason? (If yes, please ensure you seek medical clearance from them before you take part) YES /NO
- Do you ever feel pain in your chest when exercising? YES /NO
- Have you ever had chest pains when not exercising? YES /NO
- Do you ever feel faint or have spells of dizziness? YES /NO
- Do you have any muscular, skeletal or joint problem which could be made worse by exercising? YES /NO
- Do you have high blood pressure? YES /NO
- Are you currently taking any medication that the instructor should be made aware of (including inhalers for Asthma or Epi Pens/Auto injectors for insect bites/severe allergic reactions)? YES /NO
- Do you have any existing injuries or are recovering from a recent injury which could be made worse through exercise? YES /NO
- Are you pregnant or have had a baby in the last six months? *(if you are pregnant please confirm you have medical clearance to participate)* YES /NO
- Is there any other condition, impairment or reason which might affect your ability to take part in this class, including (but not limited to) Epilepsy and Diabetes? YES /NO
- Do you suffer from severe allergic reactions to an insect bites for which you need emergency medical attention? YES /NO

By signing below I confirm: I am aged 16 years or over, I have answered this questionnaire truthfully and to the best of my knowledge and that confirm my acceptance of the terms on page 2 of this form. I understand that any advice received from the instructor, is not a substitute for a consultation with my GP/Medical Caregiver.

Signed:	Date:
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Terms of Participation

1. Zumba Fitness is a Dance Fitness exercise workout. Dance Fitness is a great way to get fit and have fun, but I understand that Zumba Fitness sessions involves physical exertion that may be strenuous, may cause physical injury, including death, and I am fully aware of the risks and hazards involved.
2. Where I have answered yes to any of the questions on page 1, I understand that I am expressly recommended to consult with my medical caregiver and seek their clearance to take part before participating in the class. I further understand that if I have answered yes to any question on page 1 and choose to participate without first seeking clearance from my medical caregiver, I do so entirely at my own risk.
3. The instructor (s) accept no responsibility for any loss, damage or injury to any participants / non-participants, or to the personal property of any participant / non-participant (or to any person accompanying whether by invitation or otherwise) who enters upon the hired premises for whatever purpose and whether such loss, damage or injury is caused directly or indirectly by the Instructor.
4. The instructor may use the contact information I have provided to get in touch with me regarding class cancellations, events or other relevant information about the classes. I understand I have the right not to be informed about this and can request this by emailing zumbacornwall@yahoo.co.uk and requesting that my contact information is not used for these purposes.