Zest Fitness





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.

| Participant Details | | | | |
|--|--------------------------|--------------|--|--|
| Forename | | Surname | | |
| Date of Birth | | Gender | | |
| Home Address | | | | |
| | | | | |
| | | Postcode | | |
| Home Phone | | Mobile Phone | | |
| Email | | | | |
| | | | | |
| | Emergency Contact | Details | | |
| Name of Contact | | | | |
| Home Phone | | Mobile Phone | | |
| | | | | |
| | Medical Condition | ons | | |
| Details of any conditions that currently require | | | | |
| medical treatment or any | | | | |
| other medical information that may be relevant | | | | |
| that may be relevant | | | | |
| | | | | |
| | | | | |
| Details of any modication | Current Medicat | ion | | |
| 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:

| before you participate in activities. | | | |
|--|--|--|--|
| Questionnaire | | | |
| Has a doctor ever said that you have a heart condition and recommended only medically supervised activity? | | | |
| Do you have chest pain brought on by physical activity? | | | |
| Have you developed chest pain in the past month? | | | |
| Do you lose consciousness or fall over as a result of dizziness? | | | |
| Do you have a bone or joint problem that could be aggravated by physical activity? | | | |
| Has a doctor ever recommended medication for your blood pressure or a heart condition? | | | |
| Are you aware through your own experience or from doctor's advice of any other reason why you should not exercise without medical supervision? | | | |

| 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:

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

Tick here if you wish to be kept informed of Zest Fitness courses, classes and other events.

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

Email: enquiries@zestfitness.net