

Name:

Address:

Date of birth:

Email address:

Mobile number:

Emergency Contact – Name & telephone number:

Alternate number:

Are you happy to be kept up to date about class information by email / text / WhatsApp? Y / N

Would you like to subscribe to the Rosefit Newsletter? Y / N

To assess your suitability to exercise please answer these questions as honestly as you can:

1. Has your doctor ever said that you have a heart condition and recommended only medically supervised activity?	YES / NO	If yes, please provide details below:
2. Have you ever had a heart condition, stroke, or pains in the chest?	YES / NO	
3. Have you ever had asthma, diabetes, epilepsy, dizziness, circulation problems, arthritis, high blood pressure, or an ulcer?	YES / NO	
4. Have you ever had an injury, illness, back or joint condition that you may feel could be aggravated by exercise?	YES / NO	
5. Is your doctor currently prescribing drugs or medication?	YES / NO	
6. Are you or have you been pregnant in the last 6 months?	YES / NO	
7. Do you have a disability?	YES / NO	
8. Do you know of any other reason not mentioned here why you should not do physical activity?	YES / NO	If yes, please provide details below:

If you have answered YES to any of the above questions, then you should consult your doctor to clarify that it is safe for you to become physically active at this current time and in your current state of health.

I have read, understood, and accurately completed this questionnaire. I confirm that I am voluntarily engaging in an acceptable level of exercise, and my participation involves a risk of injury.

Signature: _____ Print Name: _____ Date: _____

Having answered YES to one or more questions above, I have sought medical advice or have previously sought medical advice and my GP has agreed that I may exercise.

Signature: _____ Print Name: _____ Date: _____

This PAR Q becomes invalid if your condition changes so that you would answer YES to any of the above questions.