

PLEASE COMPLETE THIS FORM YOURSELF AND RETURN TO MICHELLE BAXTER BEFORE YOUR FIRST CLASS.
FOR PERSONS UNDER 18 YEARS OF AGE AN ADULT SHOULD COMPLETE THE FORM ON THE CHILD'S BEHALF*.

NAME	*RELATIONSHIP TO CHILD UNDER 18				
ADDRESS					
MOBILE NUMBER	EMERGENCY NUMBER				
AGE GROUP	UNDER 25	26 – 35	36 – 45	46 – 55	56 +

PLEASE ANSWER YES OR NO TO THE FOLLOWING QUESTIONS, PROVIDING APPROPRIATE EXPLANATION IF YES

DO YOU SUFFER FROM ANY HEART TROUBLE OR DEFECT Y/N

DO YOU HAVE ANY ARTHRITIC JOINTS, OR ANY BONE OR JOINT PROBLEM THAT MAY BE MADE WORSE BY EXERCISE Y/N

DO YOU OFTEN FEEL FAINT OR HAVE SPELLS OF SEVERE DIZZINESS Y/N

DO YOU HAVE DIABETES, ASTHMA, EPILEPSY, OR ANY OTHER CONDITION OF WHICH THE INSTRUCTOR SHOULD BE AWARE Y/N

DO YOU SUFFER FROM HIGH BLOOD PRESSURE Y/N

ARE YOU CURRENTLY ON ANY MEDICATION OF WHICH THE INSTRUCTOR SHOULD BE AWARE Y/N

HAVE YOU HAD ANY OPERATIONS OR INJURIES IN THE PAST 12 MONTHS Y/N

ARE YOU PREGNANT, OR HAVE HAD A BABY IN THE LAST 6 MONTHS Y/N

DO YOU OR HAVE YOU EVER SMOKED Y/N

WHEN WAS THE LAST TIME YOU EXERCISED

DO YOU PARTICIPATE IN ANY OTHER PHYSICAL ACTIVITY Y/N

PLEASE CIRCLE YOUR REASONS FOR EXERCISING, OR ADD OTHERS

- LOSE WEIGHT • CHANGE APPEARANCE • GAIN STRENGTH • FEEL FITTER
- SPORTS PERFORMANCE • DOCTOR'S ADVICE • FUN • SOCIAL REASONS

CLIENTS WHO HAVE TICKED YES TO ANY OF THE ABOVE MEDICAL QUESTIONS ARE ADVISED TO SEEK THE ADVICE/APPROVAL OF THEIR GP OR MEDICAL PRACTITIONER BEFORE COMMENCING CLASSES WITH N21MICHELLE.FITNESS

PLEASE TICK THE FOLLOWING AGREEMENTS AND COMPLETE WITH YOUR SIGNATURE AND THE DATE

- I HEREBY STATE THAT, TO THE BEST OF MY KNOWLEDGE, MY ANSWERS TO THE ABOVE QUESTIONS ARE COMPLETE AND CORRECT
- I AM FULLY AWARE THAT I UNDERTAKE ALL EXERCISE ACTIVITIES WITH MICHELLE BAXTER AT MY OWN RISK
- I UNDERSTAND THAT CANCELLATIONS SHOULD BE ADVISED A MINIMUM OF 24 HOURS PRIOR TO THE START OF A CLASS, AND THAT FAILURE TO DO SO WILL RESULT IN FULL PAYMENT BEING DUE
- I HAVE READ AND ACCEPT THE TERMS & CONDITIONS OUTLINED AT N21MICHELLE.FITNESS/TERMS-CONDITIONS

SIGNATURE	PRINT NAME
	DATE
EMAIL TRAIN@N21MICHELLE.FITNESS	INSTAGRAM @N21MICHELLE.FITNESS
WHATSAPP 079 5858 2061	FACEBOOK @N21MICHELLEFITNESS

THANK YOU