



# Jump Fitness Classes Zumba Girls



## PERSONAL DETAILS FORM AND PHYSICAL ACTIVITY AWARENESS QUESTIONNAIRE (PARQ) (All information will be dealt with in the strictest of confidence)

### PERSONAL DETAILS

Name: Mr / Mrs / Miss/Other

First Name: .....

Surname: .....

Address:

.....  
.....  
.....

Post Code.....

Telephone: .....

Mobile: .....

Date of Birth:.....

E Mail.....

How often do you check you E Mail?.....

(Adding your e mail address will enable us to send you details of special offers, discounts etc and new timetables and events etc.)

Do you suffer from any of the following conditions?

A heart condition, High or Low Blood Pressure, Fainting or Dizziness, Respiratory Problems, Epilepsy, Diabetes, Lower Back or Joint Problems, Muscular Problems.

If so please give details below.

Do you suffer from any other medical conditions that may affect your participation in a fitness class? If yes, please give details below.

Have you had any major operations within the past two years? If so please give details below.

Are you pregnant or have you had a baby within the past 6 months? Do you smoke? If yes, how many per day?

What is your occupation?.....

Are there any other details that you feel that your instructor should be aware of before you commence a programme of exercise?

**DECLARATION**

I acknowledge to the best of my ability that I am in good health and have no known medical problems that would restrict my ability to exercise, unless stated above. I also do not feel it necessary to consult a doctor before commencing a program of exercise at these fitness classes.

Signed:.....

Date: .....

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM**