

Fitness to Dance Questionnaire (Your details and personal information are for our files only)

First Name: Surname:	
Address:	
post code:	
Email:	
Person to be contacted in emergency:	
Name:	
Tel:	
Address:	
Do you have, or have you had? (Please delete)	
Any heart conditions	YES/NO
High Blood Pressure	YES/NO
Epilepsy	YES/NO
Dizziness or fainting	YES/NO
Diabetes	YES/NO
Are you taking any prescribed mediation for	YES/NO
A medical condition Are you (or likely to be) pregnant	YES/NO
Are you (or likely to be) pregnant	120/110
Is there any other medical condition/issue that may affect you exercising If 'YES' then please give details:	
Do you have or have you had? (Please delete)	
Arthritis	YES/NO
Asthma	YES/NO
Muscular Pain	YES/NO
Any pain or injury, particularly in the following areas: NECK, BACK, ANKLES, PELVIC AREA	YES/NO
If you have answered YES to any of the above – then please discuss with the teacher BEFORE STARTING DANCE CLASSES	
Are you in good health at the moment	YES/NO
If 'NO' then please give details	
STATEMENT	
Bellydance can be a strenuous exercise. I recognise that the teacher is NOT able to provide me with any medical advice with regard to my medical fitness and that the information above is only to be used as a guideline to the limitations of my ability to dance. I have answered the questions to be best of my knowledge and I understand the above advice. I also undertake to advise the teacher if any medical condition develops which might affect my ability to dance and if any of the above information changes. I agree to hold harmless Robyn Richardson, BlackPeacock BellyDance or their associates for any injury or loss incurred whilst participating in these activities.	

Signed Dated