



Personal Information

Gender: _____ **Date:** _____
Circle One Male or Female Birthdate: _____
 Name: _____
 Address: _____ Postcode: _____
 Phone (mob); _____ Phone (h) _____ Phone (w): _____
 Email: _____ T-Shirt/Singlet Size: _____
 Profession: _____ Height (cm) _____ Weight(kg) _____

Please provide TWO emergency contacts

Emergency Contact Name: _____ Contact Mobile: _____
 Relationship to you: _____ Contact Number 2: _____
 Emergency Contact Name: _____ Contact Mobile: _____
 Relationship to you: _____ Contact Number 2: _____

Where did you hear about Mums Squad or Fit4Dreams? _____

What is your measurable goal? (e.g. weight, dress size or competing in an event?) _____

SECTION A

Please circle YES or NO. If you are unsure of your response, please indicate with an *:

Has anyone in your family under 60 suffered from heart disease, stroke, irregular cholesterol or sudden deathYES NO
 Are you over 50 years of age?YES NO
 Are you a smoker?YES NO
 Are you pregnant or attempting to fall pregnant?YES NO
 Have you given birth in the last 6 weeks?YES NO
 Have you been Hospitalised recently?YES NO
 Do you suffer from any condition whihc may be worsened by vigourous exercise?YES NO
 If so what is the condition

Do you have or have you ever had:

GoutYES NO
 Glandular Fever (previous 12 months)YES NO
 Any heart conditionYES NO
 StrokeYES NO
 Rheumatic FeverYES NO
 Heart MurmurYES NO
 DiabetesYES NO
 Dizziness or faintingYES NO
 Regular headachesYES NO
 Unusual shortness of breathYES NO
 Chronic coughYES NO
 Stomach or duodenal ulcerYES NO
 PalpitationsYES NO
 HerniaYES NO
 Liver or Kidney conditionYES NO
 Pain or tightness in the chestYES NO
 Any infections or infectious diseasesYES NO
 Irregular cholesterol/triglyceridesYES NO
 High Blood Pressure > 140/90YES NO
 Low Blood PressureYES NO

SECTION B

Please circle YES or NO. If you are unsure of your response, please indicate with an *:

ArthritisYES NO
 AsthmaYES NO
 Muscular pain or crampsYES NO

Any pain or major injuries to:

NeckYES NO
 BackYES NO
 KneesYES NO
 AnklesYES NO
 Other (please specify)YES NO

Do you take any medication or drug whether prescribed or not (please specify)YES NO

Do you have any allergies (specify)YES NO

Do you have any phobias (specify)YES NO

Please provide details of any injuries, medical conditions and/or medications that may influence your ability to exercise, attach additional pages if needed

What exercise have you done recently?

How regular has that exercise been in the last 3 months?

Is it OK for Fit4Dreams and/or Mums Squad to take photos of you or your baby for promotional purposes?YES NO

Is it ok to email or call you about products available through Fit4Dreams and/or Mums Squad?YES NO

IMPORTANT

If you circled yes for any condition listed in Section A, please ask for a written clearance from your Doctor and bring this form with you or sign below if you have already cleared your condition/s with your Doctor.

Signed: _____ Date: _____

Witness: _____ Date: _____

I recognize that Fit4Dreams and/or Mums Squad are not able to provide me with medical advice with regard to the suitability of participating in a training program. I have answered the questions to the best of my ability and understand the above advice.

PARTICIPANT'S DECLARATION

I wish to participate in training with Fit-for-Dreams and or Mums Squad includes training with Mums Squad. I hereby certify that:

- I have read and understand the above information;
- The information provided on this form is true and correct to the best of my knowledge;
- I consider myself to be capable and in good health to participate in fitness training or walking; and
- I understand that all participants take part at their own risk and must accept personal liability for any injury or illness as a result of participating in fitness training and have signed the Fit4Dreams and Mums Squad waiver form to that effect.

Participant's Signature: _____ Date: _____