

Aqua fitness registration form

Date: _____

How did you hear about the aqua exercise class : _____

Full Name: _____

Address: _____

Contact number _____ Email: _____

You are: Male Female / Adult Teen

Your: Weight ____ Height ____ Current Age: ____ Date of birth : _____

Your swimming Level: Don't know Weak Excellent

I do exercise: Regularly Occasionally No

Desired Class Time: 06:00 – 07:00hrs 17:00-18:00 hrs 20:00-21:00 hrs

Please list any Health / Medical issues or concerns: (history of past and current)

Emergency Contact

Name _____ Relationship _____

Primary Phone # _____ Alternate Phone _____

ATTENTION:

You should consult with your physician before beginning exercise classes or any type of workout program. Factors unknown to you may have an adverse effect on your physical well-being, including death. You should inform your physician that you are about to begin a fitness program. By signing this document, I the undersigned acknowledge that I am aware of the potential risks that could occur

I should consult with and obtain a physician's approval prior to beginning a fitness/exercise program. If I choose to not get a physician's approval, I fully accept all responsibility for my health and any resultant injury or mishap that may affect my well-being or health in any way.

I fully understand that the fitness/exercise program may be strenuous and I choose to participate completely voluntarily. I fully accept all responsibility for my health and any resultant injury or mishap that may affect my well-being or health in any way.

I / Guardian hereby affirm with my signature below that I have read, understand and agree to the above.

Name:

Signature: