



Registration Form

Title	First Name	Surname
Address		
Postcode		
Email		
Contact Number	Mobile Number	
Date of Birth		
Emergency Contact Name	Contact Number	
Relationship to you		
How did you hear about us?		
<p>If you answer yes to any of the following questions we will be asking you further questions and may request that you consult with your doctor before you take a class. Your doctor should be able to advise you as to the suitability of any exercise. The answers that you give below do not in any way substitute a medical examination. If in doubt contact your doctor before exercise</p>		
Have you ever been diagnosed with a heart condition?	YES	NO
Have you ever been recommended only medically supervised exercise?	YES	NO
Do you have any pain in your chest at rest or during physical exercise?	YES	NO
Do you suffer from epilepsy?	YES	NO
Do you suffer with High blood pressure, Hypertension?	YES	NO
Do you suffer with Low blood pressure, Hypotension?	YES	NO
Do you suffer with any joint problems which may be made worse with exercise?	YES	NO
Do you suffer with any balance problems, fainting or dizziness?	YES	NO
Are you pregnant or have given birth in the last 6 months?	YES	NO
Please explain more if you answered YES to any of the questions above		
<p>Declaration. I have read and fully understand this form and I confirm that, to the best of my knowledge, the answers given by me are correct and accurate. I know no reason why I should not participate in any form of physical exercise or any activity by an employee or representative of The Purple Lotus. I acknowledge that any suggestion from any such employee or representative regarding exercise, healthcare and nutrition are neither diagnostic nor prescriptive. I agree to notify the Purple Lotus of any future change to the above answers before continuing to exercise. The Purple Lotus may use the information provided by me in this form together with any other information that I may provide to ascertain whether physical exercise is appropriate for me and if necessary to seek further information from my doctor or other specialist. By signing this form I agree the use of my information as stated in the form.</p>		
Signature	Date	