



## WELCOME TO CARISMA DANCE & FITNESS ENROLMENT FORM

*Congratulations on taking the first step toward your dance/fitness goals.  
Please fill in this form and return to- 251 Waymouth Street Adelaide SA 5000*

Before we get you started on your dance/fitness adventure- we have a few questions to ask to get to know you a little better-

Your Full Name.....D/O/B.....

Your Address.....

Phone Number(home)..... (work).....(mobile).....

Your Email Address.....

Person to be contacted in the case of an emergency.....

How did you hear about our services?

yellow pages  internet  walk by  other

Have you ever experienced personal training before? YES/ NO

Have you ever participated in group exercise before? YES/ NO

What do you really want/ expect from your personal trainer/ instructor and the session?.....

GROUP CLASS I will be attending is-.....

PERSONAL TRAINING TIME preferred-.....

My preferred method of payment is-

-Cash / Cheque (made payable to Carisma Dance & Fitness)

-Blocks/ Casual

Note- Sessions must be paid in full before the beginning of the program.

*Thank you for your consideration.*

Cancellation Policy- 12 hours notice is requested if you are unable to attend a session. Please make every effort to arrive on time.

Carisma Dance & Fitness aims to help you in any way we can, so please don't hesitate to contact us if you have any queries or comments. We hope you enjoy your program.

*Yours in Dance & Fitness*

***Carissa Neate-Lammers***

MEDICAL CLEARANCE

Height in cms-.....

Have you had or do you have?

Any one in your family under 60 who has suffered from heart disease, stroke, raised cholesterol or sudden death?

Are you male over 35 or female over 45 and not used to regular vigorous exercise?

Are you on prescription medication?

Have you been hospitalised recently?

Are you pregnant or have given birth in the past 6 weeks?

Do you have or have you had?

Gout             Stroke             Dizziness or Fainting             Stomach/ Duodenal Ulcer

Diabetes         Epilepsy         Liver/Kidney Condition         Glandular Fever

Heart Murmur                     Hernia                     Rheumatic Fever

High Blood Pressure > 140/90         Palpitations or Pain in the chest

Raised Cholesterol/Triglycerides

If you ticked yes to any of the above conditions please take this form to the doctors and ask for medical clearance to exercise before starting any exercise prescription OR sign below if you have already cleared the above condition with your doctor. Please give details of condition and related medications on the back of this form.

Condition cleared: Signed.....Date cleared.....

Have you ever had or do you have?

Arthritis         Asthma         Cramps         Are you dieting or fasting?

Do you smoke?

Do you have pain in any of the following areas?

Neck             Knees             Shoulders         Back         Ankles         any other muscular pain

Are there any conditions that may be reason to modify your exercise program?.....

If yes, please ask the instructor for the exercise class or program for guidance before starting.

PLEASE READ THE FOLLOWING EXERCISE ADVICE CAREFULLY. Ask an instructor to guide you into the most suitable class or program. Work at a low level on your first visit and concentrate on learning to do the exercise properly. ON each visit, work a little harder but limit yourself to a pace where you can still talk comfortably. Should you suffer from any illness, injury or condition in the future, complete this form again. It is recommended by the American College of Sports Medicine that all males over 35 and females over 45 should have a medical assessment including an exercise e.c.g.,cholesterol and lipid count.

STATEMENT- I recognize that the instructor is not able to provide me with medical advice with regard to my medical fitness and that this information is used as a guideline to the limitations of my ability to exercise. I have answered the questions to the best of my ability and understand the advice above.

Client signature.....Date.....

Instructors Signature.....Date.....