



REGISTRATION & HEALTH QUESTIONNAIRE

Class Attending : _____ : Location: _____ :

NAME _____ : DATE: _____ :

ADDRESS _____ CITY _____ PROV/STATE. _____ POSTAL/ZIP Code _____

HOME PHONE _____ WORK PHONE _____ FAX _____

EMAIL _____ DATE OF BIRTH (mm/dd/yyyy) only if under 18 _____

PHONE _____

I understand the terms and conditions of my Class Registration

Cancellation Policy re Should you not be able to attend a program after you have paid the course fee, you will not receive a refund. If you should miss a class, you may attend another class at another time slot. In the event WaterART Fitness International Inc and/or any of its officers cancel due to circumstances beyond our control, we will add the class to the end of the schedule

Regular physical activity is fun and healthy. Being more active is very safe for most people; however, some people should check with their doctor before they start becoming much more physically active.

I will fill in this form to the best of my knowledge and update any changes directly with the instructor. I fully understand that I can go at my own pace, and may ask the instructor to modify the exercise if it is too challenging. I will choose not to do an exercise if there is any discomfort or any pain. I am representing that I am in adequate physical health, and that I release Body Check Inc., WaterART™, the instructor, the Facility & Staff from any and all liability for injuries that may arise from my participation in this fitness class.

Please read the questions carefully and answer each one honestly. Circle YES or NO **If you circle yes, please note the specific condition.**

- Has your doctor ever said that you have a heart condition? YES NO
- If so what?
- Has your doctor ever restricted your physical activity? YES NO
- If so what ?
- Do you feel any pain in your chest when you do physical activity? YES NO
- If so what ?
- In the past month, have you had chest pain when you are not doing physical activity? YES NO
- If so when?
- Do you lose your balance because of dizziness or do you ever lose consciousness? YES NO
- If so why?
- Do you have a bone or joint problem that could be made worse by a change in your physical activity? YES NO
- If so what?
- Is your doctor currently prescribing drugs (e.g., water pills) for your blood pressure or heart? YES NO
- If so what?
- Do you know of any other reason why you should not do physical activity? YES NO

Are you pregnant? YES NO

I have read, understood, and completed the questionnaire. Any questions I had were answered to my full satisfaction.

SIGNATURE DATE

WITNESS DATE

Thank you & enjoy your WaterART™ Fitness & Good Health. To gain the most out of this program please wear shoes, bring a water bottle and dress for success and keep warm. Also remember to get your receipt and certificate of course completion for future reference.