



Pole Fitness and Health and Safety declaration

Participant Name:

Address:

Contact Number:

DOB:

Next of Kin and Contact Number:

Please kindly take the time to fill in this questionnaire prior to commencement of our pole fitness course. It should be brought with you on the first day of the course. Failure to bring it will result in you having to fill out the declaration during the session and will reduce your time in the lesson.

This questionnaire ensures that you are fit and able to practice pole and to minimise the risk of injury or illness to yourself.

If you answer 'yes' to any of the following questions, please contact your doctor for further advice as to whether you are safe and able to complete the pole fitness course. Also, if you answer 'yes' to any of the following questions, please explain on the dotted line below the question.

Please note that answering 'yes' to any question does not mean that you are automatically unable to complete the pole activity, simply that you should seek further advice before doing so, so please answer honestly.

- 1) Has your doctor ever advised that you do not complete physical activity due to a heart condition? YES/NO
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- 2) Has your doctor ever advised that you do not complete physical activity due to any other condition? YES/NO
.....
- 3) Have you ever experienced chest pain when exercising before? YES/NO
.....

- 4) Have you ever experienced any loss of balance, dizziness or loss of consciousness?
YES/NO
.....
- 5) Have you ever suffered from seizures or epilepsy? YES/NO
.....
- 6) Have you ever had any bone or joint injury that may prevent you from carrying out physical activity? YES/NO
.....
- 7) Are you on any relevant medications? E.g blood pressure or cardiac tablets? YES/NO
.....
- 8) Have you ever suffered from exercise induced asthma? YES/NO
.....
- 9) Do you have any allergies that may prevent you from participating in pole fitness?
YES/NO
.....
- 10) Do you know of any other reason why you may not be able to participate in pole fitness?
YES/NO
.....
- 11) Are you, or could you be pregnant? YES/NO
.....
- 12) Have you had any surgery within the past 6 months? YES/NO
.....

Informed Consent:

By signing below the participant acknowledges that they voluntarily agree to take part in a pole dance lesson that includes strengthening, fitness and flexibility components and may at times be working at heights. The participant is aware that pole sports can be hazardous and can result in bruising, chaffing, muscle soreness and friction burns. There is also a risk of significant injury and death. The participant is willing too take part in the block of classes and is fully aware of the risk.

Signed.....

Print name.....

Date.....

If you have any queries or concerns regarding the above declaration please don't hesitate to contact 07781 190243 (Anneka) or 07839 200241 (Lava).

Any information given to instructors will remain private and confidential.

Registered business no. 58336