



ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

Name (Please Print)

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Address

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Email

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Contact telephone number

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In Case of Emergency please provide a name and contact number

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We would be grateful if you would answer the following questions

PLEASE CIRCLE

1	Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by your doctor?	YES	NO
2	Do you ever feel pain in your chest when you do physical activity?	YES	NO
3	Do you ever feel faint or have spells of dizziness?	YES	NO
4	Do you have a joint problem that could be made worse by exercise?	YES	NO
5	Have you ever been told that you have high blood pressure?	YES	NO
6	Are you currently taking any medication of which the tutor needs to be made aware?	YES	NO
7	Is there any reason why you should not participate in physical activity?	YES	NO

If you answered: **YES** to one or more questions **and have not recently done so**, consult with your doctor by telephone or in person before increasing your physical activity

**Informed Consent**

*I confirm that I have completed the above questionnaire to the best of my ability and that I have provided accurate information regarding my current health status. I take it upon myself to discuss any changes in my health with the tutor and my Doctor. I understand that any dance/exercise class has certain risks. I understand that the degrees of risk depend on my health and physical fitness. I am voluntarily participating in the workshop at the Royal Academy of Dance, and will immediately discontinue any activity if I feel any symptoms of distress or discomfort, and will notify the tutor.*

SIGNED

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DATE