

FITNESS WITH KAREN BELL

Are you new to Fitness with Karen Bell? **Welcome!**

So that I am able to assess which class will best suit you, please complete this form and bring it with you to your first session.

If there are a few classes you are particularly interested in, let me know.

NAME: _____

DOB: _____

TEL: _____

E-MAIL: _____

ADDRESS: _____

EMERGENCY CONTACT NAME & NUMBER:

From the list below, please tick any conditions that apply to you, letting me know a bit more about your condition(s) on the back of the sheet, using more paper if needed:

Angina		Joint Problems	
Asthma		Heart Conditions	
Back Problems		Shortness of Breath	
Chest Pains		Pregnant Currently	
Diabetes		Pregnant within the last 6 months	
Dizzy Spells / Fainting		Taking Drugs / Medications	
Epilepsy		Injuries	
High Blood Pressure		Other	
Low Blood Pressure			

CONSENT/DECLARATION

I agree to have answered questions honestly and confirm that all of the information I have provided Fitness with Karen Bell is accurate and correct. I accept that participating in any classes with Fitness with Karen Bell is at my own risk.

DATE: _____

NAME: _____

SIGNED: _____

What are your goals?