

PRE-SCREENING QUESTIONNAIRE (ZUMBA IN ITALIAN)

Title: **Master** **Mr** **Mrs** **Ms**

Family name: _____ First Name: _____

DOB / /

Gender: Male Female Not stated/inadequately described

Suburb: _____ State: _____ P/Code: _____

Home phone: _____ Mobile: _____ Email: _____

In order to support you in a safe Zumba class, please complete this form prior to commencing classes. If your health status should change at any time, please inform the Zumba instructor at the beginning of class. Thank you.

Please circle any of the following health issues that you have and provide further details:

- | | |
|---|---|
| 1. Arthritis, joint replacement, joint reconstruction | 7. High blood pressure (over 140/90) or low blood pressure (below 90/70) that is not currently controlled by medication |
| 2. Osteoporosis, Osteopenia | 8. Epilepsy, fits, or convulsions |
| 3. Numbness, neuropathy, disc issues, sciatica | 9. Uncontrolled Diabetes |
| 4. Fractures, sprains or strains in the past month | 10. Pregnant |
| 5. Surgery, wound or stitches in past 12 weeks | 11. Other issue that may impact you in class _____ |
| 6. Cardiac problems | |

Please provide further details on issues circled above:

Safety Agreement Statement

I declare the above information is accurate and agree to alert my dance instructor to any issues or injuries that may affect my ability to participate safely. I understand all instructions in class are

given only as a guide and I accept responsibility for myself including taking care never to do anything that causes pain, numbness, tingling or cause me to feel unwell in class.

I take responsibility to only do what I am physically capable of in the class. I will cease any activities in class that do not feel beneficial to my body and will ask for assistance if I require it.

By signing below, I confirm that I fully understand and voluntarily agree to the terms and conditions above.

Emergency Agreement Statement

In the event of any emergency, I authorise medical attention deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered. It must be noted that the absence of health insurance coverage does not make the Italian Language Centre (ILC) responsible for payment of any medical expenses.

By Signing below, I confirm that I fully understand and voluntarily agree to the terms and conditions above.

Full Name

Signature

Date

This document **MUST** be signed and returned by email (enquiries@italianlanguagecentre.org) or in person prior to attending your first lesson. Enrolment will not be confirmed until this pre-screening is complete.

Zumba Instructor:

Comment:

Full Name

Signature

_____/_____/_____

Date