

KINETIC REVOLUTION

WWW.KINETIC-REVOLUTION.COM

PERSONAL DETAILS

Name: _____ M / F Date of Birth: _____

Address:

Postcode: _____

Phone: (H) _____ (W) _____ (M) _____

Email Address: _____

What sport(s) are you involved in?

Sport: _____ Level: _____

Team: _____ Coach: _____

How did you hear about Kinetic Revolution?

HEALTH QUESTIONNAIRE

Please read the questions carefully and answer each one honestly, ticking the appropriate box or adding information if necessary. Your responses will, of course be kept in the strictest confidence.

Name: _____ Post Code: _____

Contact Tel: (Mobile): _____ Email _____

Has your doctor ever said that you have had a heart problem? No Yes

In the past month have you had any chest pain when...

You were doing any activity No Yes You were resting No Yes

Are you currently taking medication for...

A heart condition No Yes

Any other problems No Yes

Do you suffer from any bone or joint problems? No Yes

In the past year have you had any major illness or major surgery? No Yes

Have you ever been diagnosed with...

Diabetes No Yes

Asthma No Yes

Epilepsy No Yes

Other problems No Yes

Are you pregnant?

No Yes EDD

Have you recently had a baby?

No Yes How long ago?

Do you ever lose your balance because of dizziness or lose consciousness No Yes

Are you feeling unwell at present due to cold, etc? No Yes

If you have answered YES to one or more questions we may need you to contact your doctor before starting to exercise. If your health changes so that you may then answer YES to any of these questions, tell a member of our coaching staff as soon as possible.

I have read, understood and completed this questionnaire.

Any questions that I had were answered to my full satisfaction.

Signature: _____ Date: _____

Signature of Parent/Guardian (if aged under 16) _____

Please read the following and sign below:

OUR TERMS & CONDITIONS:

It is important to note that all session cancellations must be made by telephone or e-mail at least 24 hours prior to your booked appointment time. Failure to give this notice will result in you being charged for the appointment.

Please ensure that you are suitably attired for physical exercise (including running) when attending each session.

Due to the analytical nature of our coaching, video footage and still photographs may be taken during the sessions. These clips are available at your request. We also reserve the right to use these clips for educational and marketing purposes.

To give you the most effective coaching, you will be asked detailed questions regarding your personal injury, health and sporting histories. It is important to answer these questions as fully as you can and honestly.

ASSUMPTION OF RISK:

I, the undersigned, hereby state that I have read, understood and answered honestly the questions in the Kinetic Revolution Health Questionnaire. I also state that I wish to participate in activities of varying intensities, which may include body weight exercises, resistance exercises, running, running drills, flexibility exercises and corrective exercises. I accept that the participation in any physical exercise is not without the risk of injury and even death.

Furthermore, I hereby confirm that I am voluntarily engaging in what I perceive to be an acceptable level of exercise, with the option to stop at any point. I personally accept full liability for any loss, damage, injury or death which may occur as a result of embarking on such a programme of physical activity.

Name:

Date:

Signature: