

Exercise Questionnaire



Name.....
Address.....
.....
.....D.O.B.....
Tel.....MOB.....
Email.....
How did you hear about Zumba with Yasmin?.....

In case of emergency contact:

Name.....
Relationship.....Tel.....

Do you have any medical problems?.....
.....

Disclaimer.

The information I have given is true to the best of my knowledge and I have not withheld any information concerning my health. I understand I should stop immediately and inform the instructor if I feel unwell. While recognising all due care will be taken by my instructor I am aware that my participation in this exercise class is by my own choice and the instructor shall not be held responsible for any ill effects I may experience.

Signed.....Date.....