

GROUP, PRIVATE & DUET CLASSES



Client Details

Title	<input type="text"/>	Initials	<input type="text"/>	Age	<input type="text"/>	Gender	<input type="text"/>
First Name	<input type="text"/>						
Surname	<input type="text"/>						
ID Number	<input type="text"/>	Home Number	<input type="text"/>				
Cell Phone	<input type="text"/>	Work Number	<input type="text"/>				
E Mail	<input type="text"/>						
Occupation	<input type="text"/>						

Address

Physical	<input type="text"/>	Postal	<input type="text"/>		
	<input type="text"/>	Code	<input type="text"/>	Code	<input type="text"/>

Medical Aid Details – In case of emergency

Scheme	<input type="text"/>	Number	<input type="text"/>		
Main Member Name & Surname	<input type="text"/>				
ID Number	<input type="text"/>	Cell Phone	<input type="text"/>		
E Mail	<input type="text"/>				

Nearest Family / Friend / Spouse – In case of emergency

Name	<input type="text"/>				
Cell Phone	<input type="text"/>	Relation	<input type="text"/>		

Medical History / Risk Screening

Please TICK if you have ever had any of the below mentioned conditions:

Have you ever had:

<input type="checkbox"/> A heart attack	<input type="checkbox"/> Heart surgery	<input type="checkbox"/> Coronary angioplasty
<input type="checkbox"/> Pacemaker/implantable defibrillator/rhythm disturbance	<input type="checkbox"/> Congenital heart disease	<input type="checkbox"/> Heart failure
<input type="checkbox"/> Heart transplantation	<input type="checkbox"/> Cardiac catheterisation	<input type="checkbox"/> Heart valve problem
<input type="checkbox"/> You take heart medication(s) (list meds & dosage)	<input type="text"/>	

Current symptoms: You experience signs & symptoms like:

<input type="checkbox"/> Chest discomfort/pain with exertion (Angina)	<input type="checkbox"/> Dizziness, fainting / blackouts
<input type="checkbox"/> Unpleasant awareness of a forceful / rapid heart rate	<input type="checkbox"/> Ankle swelling
<input type="checkbox"/> Unusual fatigue / shortness of breath with light activities	<input type="checkbox"/> Unreasonable breathlessness
<input type="checkbox"/> Burning / cramping in your lower legs when walking a short distance	<input type="checkbox"/> Sleep Apnoea (snore yourself awake)

Please TICK if any of the below mentioned is relevant to you (Preclusions):

<input type="checkbox"/> Male - older than 45 years	<input type="checkbox"/> Diabetes Type 1 / 2 <input type="text"/>
<input type="checkbox"/> Female - older than 55 years	<input type="checkbox"/> You take diabetes medication (<i>list meds & dosage</i>)
<input type="checkbox"/> Smoker / quit smoking within the previous 6 months	<input type="checkbox"/> You have pre-diabetes
<input type="checkbox"/> High blood pressure ($\geq 140/90$ mmHg)	<input type="checkbox"/> You are physically inactive (i.e. you get < 30 minutes of physical activity on at least 3 days a week)
<input type="checkbox"/> You take blood pressure medication (<i>list meds & dosage</i>)	<input type="checkbox"/> You have a Body Mass Index $\geq 30\text{kg/m}^2$
<input type="checkbox"/> High cholesterol (> 5.2 mmol/l)	<input type="checkbox"/> Blood clotting problems (<i>list meds & dosage</i>)
<input type="checkbox"/> You take cholesterol medication (<i>list meds & dosage</i>)	

Close blood relative medical history: Please indicate if any of the below mentioned is relevant:

<input type="checkbox"/> Male Family History: <age 55 (father/brother)	<input type="checkbox"/> Female Family History: <age 65 (mother/sister)
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Stroke
<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> Diabetes Type <input type="text"/>
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Cancer Type <input type="text"/>
<input type="checkbox"/> Heart Attack	<input type="checkbox"/> Heart Attack

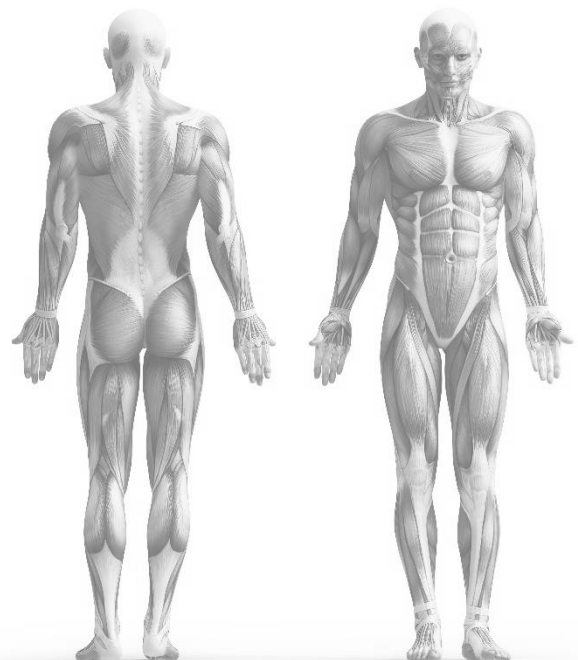
Do you have any of the following:

<input type="checkbox"/> Asthma / other lung problems	<input type="checkbox"/> You are pregnant <input type="text"/> weeks
<input type="checkbox"/> Osteoporosis / Osteopenia	<input type="checkbox"/> Post-Natal <input type="text"/> weeks
<input type="checkbox"/> Other prescription medication (<i>list meds & dosage</i>)	<input type="checkbox"/> Complications with pregnancy? (<i>indicate complications</i>)

Allergies (*list allergies*)

Please mark with an X(s) any injury or painful site(s) on your body that we have to be aware of (You can do this at the office when printed).

You can even give a short description of your problem / injury / pain



GROUP, PRIVATE & DUET CLASSES - INFORMED CONSENT

I understand and declare that:

A. EXERCISE SESSIONS AT PERFECT FORM - BIKINETICIST | FITNESS | BIOLATES (Nicolene du Plooy Biokineticists)

1. The instructor may need to touch me in order to correct posture and exercise technique however, I will inform the instructor if and when I feel uncomfortable.
2. I am informed of all the benefits and risks of exercise.
3. I further more grant any employee of Perfect Form – Biokineticist | Fitness| Biolates (Nicolene du Plooy Biokineticist) permission to arrange for the necessary medical assistance that may be required in case of injury or damage, should I be unable to do so myself.
4. I have disclosed all my medical conditions, medications, and any other related information.
5. I understand that all information given to Perfect Form – Biokineticist | Fitness| Biolates (Nicolene du Plooy Biokineticist) will be treated with the utmost confidentiality.
6. Regarding under aged children, the undersigned declare that he/she informed the child / children's other parent and has the consent of the other parent for attending exercise sessions.
7. Regarding exercise sessions: Physical activity may naturally cause muscle stiffness and soreness. It remains my responsibility to inform the instructor of any discomfort and/or aggravation of symptoms.
8. I agree to adhere to the studio's policy as outlined on their website (<https://www.bio4u.co.za/client-info.html>).
9. I will not attend any class when knowingly sick and contagious (6hr cancelation policy still applies for private/semi-private (duet) classes – 6hrs for afternoon appointments and the previous day for morning appointments).
10. I will not attend class when on any medication (e.g. antibiotics) that can negatively affect my health and performance.
11. I acknowledge that I shall have no claim against Perfect Form – Biokineticist | Fitness| Biolates (Nicolene du Plooy Biokineticists, its owners, employees, subcontractors, agents, representatives, and/or consultants) for any loss, death, harm, expense, liability, damages and/or injury to person or property which may be suffered by me, my spouse, dependant(s) and/or any other third party whatsoever as a consequence of any act or omission of Perfect Form – Biokineticist | Fitness| Biolates (Nicolene du Plooy Biokineticist), whether negligent or not, arising out of my participation in group/individual sessions, or from any other cause whatsoever, however arising. If the Practice is found liable, such liability will never exceed the amount, which has been paid for my participation in group/individual sessions.

B. THE FINANCIAL RESPONSIBILITY TO PERFECT FORM - BIKINETICIST | FITNESS | BIOLATES (Nicolene du Plooy Biokineticists)

1. I hereby accept full financial responsibility for my account until it is settled in full.
2. I hereby declare all personal information (person responsible for account) as true and correct.
3. All fees (group, duet and private classes) are paid in advance, unless otherwise arranged.
4. Accounts older than 30 days will be followed up with a telephone call, sms or e-mail. Accounts older than 60 days will receive a final written warning. If still not settled within 14 days after the final warning date, the account will be handed over for legal action.
5. I understand that I will be responsible for all legal fees involved, if legal action is needed to collect any outstanding fees.
6. I understand that there will be an annual fee increase.

C. CANCELLATION OF PRIVATE & DUET CLASSES AT PERFECT FORM - BIKINETICIST | FITNESS | BIOLATES (Nicolene du Plooy Biokineticists)

1. Full class fee is payable for any late cancelation (6hr cancelation policy applies for private or duet classes – 6hrs for afternoon appointments and the previous day for morning appointments). You will get one opportunity to reschedule for each late cancellation.
2. If the rescheduled class is cancelled, the full fee will be charged.
3. No show will result in full fee being charged without the option to reschedule.

I give this consent for section A, B and C (if applicable) freely and declare that it was not made under duress.

I am signing up for the following:

- | | | |
|---|---|---|
| <input type="checkbox"/> 1 Group Class per Week | <input type="checkbox"/> 2 Group Classes per Week | <input type="checkbox"/> 3 Group Classes per Week |
| <input type="checkbox"/> 1 Duet Class per Week | <input type="checkbox"/> 2 Duet Classes per Week | <input type="checkbox"/> 3 Duet Classes per Week |
| <input type="checkbox"/> 1 Private Class per Week | <input type="checkbox"/> 2 Private Classes per Week | <input type="checkbox"/> 3 Private Classes per Week |

Signature

Date