

PRE – ACTIVITY QUESTIONNAIRE

PERSONAL INFORMATION (Please be aware that the information provided will be kept strictly confidential)

Name: _____ D.O.B. _____

Baby's Name _____ D.O.B. _____ Sex: M/F

Address _____ Postcode: _____

Phone : (H) _____ (W) _____ Mobile _____

Email: _____

Emergency contact person: _____ Phone: _____

Relationship to you: _____ Your Occupation: _____

Doctor: _____ How did you hear about us? _____

Height (cm) _____ Current Weight (kg) _____ Goal Weight (kg) or size _____

Shirt Size for your Mummylicious Fitness T- Shirt \$20 each: (circle one) 8 10 12 14 16 18 20

HEALTH & FITNESS GOALS

Please tick boxes of the main outcomes you wish to achieve through Mummylicious Fitness :

- | | | |
|--|--|--|
| <input type="checkbox"/> Increased Cardio-Vascular Fitness | <input type="checkbox"/> Decrease in Body Fat | <input type="checkbox"/> Increase in Muscle Mass |
| <input type="checkbox"/> Increased Upper Body Strength | <input type="checkbox"/> Increased Core Strength | <input type="checkbox"/> General Toning |
| <input type="checkbox"/> General Fitness | <input type="checkbox"/> Meet other Mums/Social | <input type="checkbox"/> Other _____ |

EXERCISE HISTORY

What type of exercise are you currently doing? _____

Intensity Level ? Intense Moderate Mild

How long? 15-30 min 30-45 min 45 min – 1 hour Over 1 hour

What types of exercise do you enjoy? _____

How hard do you like to exercise? Mild Moderate Intense

ALLERGIES OR PHOBIAS

Do you have any allergies? Yes No (specify) _____

Do you have any phobias? Yes No (specify) _____

Would you be interested to take part in extra challenge events run quarterly throughout the year?

(ie fun runs, adventure races, rock climbing) Yes No

MEDICAL HISTORY

Do you have abdominal separation more than 2cm? Yes No How many centimetres? _____
Are you over 50? Yes No
Do you smoke? Yes No How Many a day _____
Are you currently pregnant or trying to conceive? Yes No
Have you given birth in the last 6 weeks? Yes No
Have you had any recent operations? Yes No

DO YOU HAVE or HAVE PREVIOUSLY HAD

Any Heart Condition Yes No
Stroke Yes No
Glandular Fever (last 12 months) Yes No
Hernia Yes No
Diabetes Yes No
Rheumatic Fever Yes No
Chronic Cough Yes No
Shortness of Breath Yes No
Pain or tightness in the chest Yes No
Liver or Kidney Infections Yes No
High Blood Pressure Yes No
Low Blood Pressure Yes No
Major Surgery Yes No
Fractures/Dislocations Yes No _____
Arthritis/ Joint Pain Yes No _____
Muscular Pain or cramps Yes No
Gout Yes No
Asthma Yes No

Do you know of any factor that could affect your ability to exercise safely? Yes No
If yes, please specify _____

Has anyone in your family under 60 years of age suffered from heart disease, stroke, high/low cholesterol or sudden death? Yes No
If yes, please specify? _____

Do you take any medications or drugs, either prescribed or non-prescribed? Yes No
If yes, please specify? _____

PLEASE NOTE:

If you have circled Yes to any of the previous questions, you will need written medical clearance from your Doctor prior to participating in any Mummylicious Fitness classes or activities. The letter and this form must be provided to Mummylicious Fitness prior to participating in physical activities. Alternatively please sign below if you have already cleared your condition/s with your Doctor.

Signed: _____ Date: _____

PARTICIPANT'S DECLARATION

I have read and understand the above information and certify that the information provided on this form is true and correct to the best of my knowledge. I am aware that photos may be taken and used by Mummylicious Fitness (MF) for promotional purposes, without payment or compensation to me. Such photos are and will remain the property of MF.

I understand that Mummylicious Fitness personal trainers are qualified and trained in the field of group exercise instruction, fitness testing and nutritional recommendation. They are all registered personal trainers & group exercise instructors with Fitness Queensland and hold up to date Senior First Aid Certificates; however, they are not medically qualified. I do not hold Mummylicious Fitness personal trainers responsible or liable for any injury, loss or damage which may be suffered by me or my child _____ as a result of participation in Mummylicious Fitness activities or the personal training exercise program. I agree to release, indemnify and hold harmless Christine Groves, Mummylicious Fitness and its employees and successors from any liability, demands, proceedings or other claims for injuries (including death) or any health problem suffered by myself or my child, howsoever sustained, as a result directly or indirectly of our participation in any physical activities or the resulting exercise program.

I consider myself capable and in good health to participate in physical activities, fitness training or walking.

Signature: _____ Date: _____