



# Northern Beaches Pilates Zumba Registration Form



Principal: Anneb  Pettersen - Ph 02 9999 0130 / 0429 998 778  
northernbeachespilates@hotmail.com

SURNAME.....FIRST NAME.....

Date of Birth.....OCCUPATION.....

ADDRESS.....

POST CODE.....PHONE (h)..... (MOB/WK).....

E-MAIL ADDRESS.....

EMERGENCY CONTACT .....MOBILE PHONE.....

### MEDICAL INFORMATION

Do you have any injuries or pain in the following areas? (YES/NO)

Neck.....Back.....Knees.....Ankles.....If "YES" please give details

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Do any of the following apply to you? Please give details or inform us of any condition which could impact your ability to participate safely in the Zumba class

Asthma.....Arthritis.....High/Low Blood Pressure.....Are you pregnant?.....

Details.....

How did you find out about Zumba at Northern Beaches Pilates?

[www.northernbeachespilates.com.au](http://www.northernbeachespilates.com.au) . Internet search. Friend. Manly Daily.

Letterbox. Doctor/Medical specialist. Community Centre Brochure. Other

### Personal Statement and Waiver

I have answered the medical questions to the best of my ability and have sought qualified professional advice regarding any medical conditions which may affect my ability to participate in Northern Beaches Pilates Zumba classes. I take these classes at my own risk and indemnify Anneb  Pettersen and her employees against any claim that may result from my participation in any Northern Beaches Pilates Zumba classes.

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