

PRE - ACTIVITY QUESTIONNAIRE

There are inherent risks in participating in a training program/cycle that involves RESISTANCE TRAINING, cardiovascular conditioning, abdominal training, stretching and mobilisations. Our duty of care obligations requires all our athletes to answer the following questions.

1. Has your doctor ever said that you have a heart condition or that you should only do physical activity approved by a medical practitioner?	YES	NO
2. Do you feel pain in your chest when you do physical activity?	YES	NO
3. In the past month, have you had chest pain when you were not doing physical activity?	YES	NO
4. Do you lose your balance because of dizziness, or do you ever lose consciousness?	YES	NO
5. Do you have a bone or joint problem (e.g. back, knee or hip) that could be made worse by training?	YES	NO
6. Do you suffer from asthma or any other breathing conditions?	YES	NO
7. Do you have diabetes s type 1 or 2?	YES	NO
8. Have you a history of fits or seizures of any kind?	YES	NO
Additional notes:		

IF ANY ANSWERS ARE 'YES' – Please seek medical advice prior to training

- We will require you to confirm that their have been no changes in your health at regular points during training.
- All training and workouts should start with a gentle 5+ minute warm up to prepare the joints for training.
- All training sessions should end with a 5+ minute warm down stretch.
- As training progresses, please always be mindful of any joint pain or excessive heart and nervous system reactions to training. If you experience any such pains or reactions, you should consult a doctor immediately and inform us at: faze17limited@gmail.com

Date:	Date:
Client name:	Coach name:
Client signature:	Coach signature: