



Name: D.O.B / /

Babies name: D.O.B..... / /

Address:

.....

Email Address: Phone number:

Emergency contact: Phone: Relationship.....

Do you currently have, or have you previously had ANY of the following conditions or symptoms?

Heart attack	Y	N	Stroke	Y	N
Chest Pain	Y	N	Fainting	Y	N
Osteoporosis	Y	N	Asthma	Y	N
High Blood Pressure	Y	N	High Cholesterol	Y	N
Diabetes	Y	N	Smoker?	Y	N (How many per day?)
Muscle/Joint pain	Y	N	Neurological Issue	Y	N
Arthritis	Y	N	Pelvic Floor Weakness	Y	N (Scale of 1-10?) ()

Did you have a vaginal or caesarean birth? If caesarean, emergency or planned?

During your pregnancy and birth, were there any unusual symptoms experienced?

Have you ever had any major injuries or surgery? Please provide details:

.....

Has anyone in your immediate family had a heart attack or stroke before the age of 65? Y N

Please provide details

Is there any other physical or medical condition we should know about? Y N

Please provide details

Are you currently taking any medication? (Some Medications may affect your response to exercise and/or weight loss so it is important to disclose anything you are currently taking including the contraceptive pill)

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Are you currently under the care of an allied health professional for any medical conditions/injuries (physiotherapist, psychologist etc)

Are you currently doing any form of exercise? If so what and how much?

.....

Signature: Date: / / PTO



Possible Risks

Your Chew Chew Train trainer will make all efforts to minimise any potential risks. However, you must be aware that exercise has some potential side effects and risks. It is possible throughout your exercise sessions you may experience abnormal blood pressure, irregular heart rhythm, dehydration, fainting and/or dizziness. It is also possible that you might seriously injure yourself from the use of exercise equipment, failure of exercise equipment, tripping or falling, or other hazards associated with equipment, moving around while exercising, and your surroundings. In very rare circumstances, it is possible that exercise can cause heart attack, stroke or death. During mums and bubs classes it is your responsibility to ensure the safety of yourself and your baby at all times. If you feel the exercises are not suitable then please ensure you advise your trainer immediately so alternatives can be provided. You will be holding your baby for the majority of exercises which can be strenuous.

INITIAL _____

Your responsibilities:

It is extremely important that any physical or other symptoms that you experience whilst participating in the program are explained to the trainer. It is also important that you tell your trainer any information about your health status or ANY changes to your health during the course of your program including changes to medications. By telling your trainer this information you are minimising your risk or injury, complications and death. If you have any injuries you must disclose this to your trainer at the start of every session. A doctor's certificate is required for all mums with babies under 12 weeks of age to approve exercise.

INITIAL _____

Payment Policy:

Mums and Bubs are a casual, no contract class with cash payment required for each session. Bulk sessions can be purchased for \$120 for ease of use. Capulet and co. café have partnered with Chew Chew Train fitness to offer a discounted coffee after any session.

INITIAL _____

Release and Indemnity:

I understand all of the information and instructions outlined in this informed consent, have had time to discuss any concerns with my Chew Chew Train trainer or any other health professional, and considering this, agree to voluntarily participate in a Chew Chew Train assessment and fitness program at my own risk. I also agree to release and indemnify Chew Chew Train from or against any actions or claims arising from any injury, loss, damage or death caused to me. If under 18 years old, my parent/guardian is aware of these terms and conditions and agree to my commencement of this training program and will sign on my behalf.

INITIAL _____

Photography Release

At times Chew Chew Train may take photos / video to be used for promotional purposes in newspaper articles, website, social media television and radio. I give permission for Chew Chew Train to use my image / name in the use of the above promotional outlets listed.

INITIAL _____

Children

In the even that additional children are present at any class, I acknowledge my child/ren will be my sole responsibility. I agree to release and indemnify Chew Chew Train from or against any actions or claims arising from any injury, loss, damage or death caused to my child/ren. I will ensure my Child/ren will stay a safe distance from any exercise equipment and other participants of the exercise class.

INITIAL _____

Signature: Date: / /