



Aqua Natal / Belly Fit Registration Form

Waves Leisure Centre 111 Chesterville Road Highett 3190 Telephone: 95597 111 Facsimile: 9553 1271

1. PERSONAL DETAILS

DUE DATE :

Name: _____

Address: _____

Phone : mobile _____ Home: _____

2. EMERGENCY CONTACT DETAILS

Emergency Contact Name: _____

Relationship to you: _____

Mobile Number: _____ Home Number: _____

Which hospital are you attending? _____

3. MEDICAL CLEARANCE

Before commencing exercise sessions at Waves your Doctors consent should be sought. Please ensure that you discuss any problems or doubts with your doctor and instructor before commencing the exercise class.

Doctors Name: _____

I here by recommend the above to proceed with an exercise program.

Doctors signature _____

Necessary Precautions _____

4. EXERCISE HISTORY

Were you exercising prior to your pregnancy _____

If so, what exercises were you doing. _____

Have you been exercising during this pregnancy? _____

If so, What type of exercises have you been doing? _____

5. GENERAL HEALTH CONDITIONS

Please Tick

Headaches/Dizziness		Pelvic Pain		Haemorrhoids	
Difficulty Maintaining continence		Knee Pain		Wrist/Thumb Pain	
Back Ache		Varicose Veins		Sensory Changes	
Arm or leg pain		Heartburn/Reflux		Other	

Any other conditions your instructor should be aware of?

3. MEDICAL AND PREGNANCY CONDITIONS

Please Tick for current and previous conditions

Heart Disease		Thyroid Disease		Cervical Stitch		Poor Foetal Growth	
High Blood Pressure		Kidney Disease		Diabetes		Knee Problems	
Multiple Pregnancy		Pre-Eclampsia		Asthma		Epilepsy	
Breech Presentation		Vaginal Bleeding		Placenta Praevia		Other (please specify)	

6. IMPORTANT INFORMATION

So we can give you the optimum level of guidance during your pre and post-natal exercise sessions, we need to know of any changes that occur to your health. These changes may be as minor as sore joints or muscles. Sometimes we will advise you to take a break from the sessions or consult your doctor or health professional. In many cases we will ask you to modify your exercises. Therefore it is important to advise your Instructor about any physical problems before each session so they can modify it appropriately to ensure the exercises are safe for you and your baby.

7. DECLARATION

I recognise that instructors may not be able to provide me with advice regard to my medical conditions and that the information in this Health Assessment used as a guideline to the limitation of my ability to exercise. I understand that I participate in physical activity with advice and medical clearance from my doctor prior to starting. I have answered the questions to the best of my ability and understand the advice above.

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SIGNATURE: _____ DATE: / /