



Welcome to Grooolution - Dance for Every Body. To assist in providing you with the maximum enjoyment and personal benefits from the dance classes could you please complete the following information on both sides of the form.

The information will be kept confidential and used with your individual interests and needs in mind and in case of an emergency.

Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Email: _____

Emergency contact:

Name: _____ Relationship to you: _____

Phone: _____

Have you danced before? Is so, when and what type of dance?

Have you had advice from a doctor not to exercise? Yes / No

Do you have any of the following (tick where applicable)

- | | | |
|---|---|---|
| <input type="checkbox"/> Loss of muscle strength | <input type="checkbox"/> Loss of flexibility | <input type="checkbox"/> Hypermobility |
| <input type="checkbox"/> Loss of joint mobility | <input type="checkbox"/> Vertigo/dizzy spells | <input type="checkbox"/> Osteoarthritis |
| <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Walking problems | <input type="checkbox"/> Back issues |
| <input type="checkbox"/> Shoulder issues | <input type="checkbox"/> Hip issues | <input type="checkbox"/> Knee issues |
| <input type="checkbox"/> Rheumatoid arthritis | <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Blood pressure problems | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Vision impairment/problems | <input type="checkbox"/> Circulation issues | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Parkinson's Disease | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Stress |

Other (give details) _____

Have you had any of the following? (tick where applicable)

Joint injury/problems Bone fractures Hip replacement

Shoulder reconstruction Knee replacement/reconstruction

heart surgery Heart problems Stroke

Major illness/surgery Recent fall/s Other trauma

Other conditions (give details) _____

For older participants only:

Do you live alone? Yes / No

Do you have a carer? Yes / No

What music do you like? (please circle)

Genre: Popular classical jazz country Blues Funk Rock Folk

Other _____

Era: 20 & 30s 30s & 40s 50s & 60s 70s & 80s 90s – current

Favourite artists: _____

Favourite songs/Tracks: _____

Please be advised that there are risks involved in participating in any exercise program.

I understand that the information provided is confidential and to be used as a guideline to the limitations of my ability to exercise and dance. I understand that I exercise at my own risk and take full responsibility for my body's capabilities.

Signature: _____ Date: _____

Many thanks and I hope you enjoy your dance classes! Let's get groovin'.

Sharon Porter
GROOVOLUTION – Director/Teacher
Ph: 0417 729 822
Email: info@bodyrevolution.com.au