



BURLINGTON PHYSIOTHERAPY & HEALTH CLINIC

Office Use Only:

Payment Method:

Membership Purchased:

First Class (Date):

Entered Information Into MB:

Follow Up e-mail:

Initials of Sales Rep:

First Name

Surname

Telephone Number

Date of Birth (mm/dd/yyyy)

Address

City

Province

Postal Code

Email Address

Referred by

Emergency Contact

Emergency Contact Telephone Number

Physical Activity Questionnaire

Has your GP ever said that you have a heart condition and that you should only do physical activity that is recommended by a doctor?	YES	NO
Do you get chest pains during physical activity?	YES	NO
In the past 3-6 months, have you experienced chest pains when not doing physical activity?	YES	NO
Have you lost your balance in the past 12 months due to dizziness, light headedness, or loss of consciousness?	YES	NO
Do you have any bone, joint, or muscular pains that are made worse by physical activity?	YES	NO
Do you suffer from any diagnosed disease or condition that contradicts/restricts physical fitness?	YES	NO
Are you pregnant or actively trying to be or given birth in the past 6 months?	YES	NO
Have you undergone any surgery in the past 12 months?	YES	NO

If you have answered YES to any of the above, please specify/elaborate below.

What is your reason for participating in our small group fitness classes?

___ Improve Overall Health/Wellness

___ Build Endurance/Strength/Muscle Tone

___ Improver Flexibility

___ Relaxation/Meditation

___ Better Instruction on Exercise

Other _____

Do you have any previous experience in Yoga/Pilates/Personal Training/Kick-Boxing? _____ (Please circle)

How would you rate your level of fitness on a scale of 0 to 10 (0=very poor to 10=Best)? _____

Is there any other information that you would like your instructor to know about you – ie: injuries, allergies, phobias, likes/dislikes?



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Liability Waiver

Release of liability, waiver of claims, assumption of risk and indemnity agreement.

By signing this document you will waive certain legal rights. Please read carefully.

I, the undersigned, have completed the physical activity questionnaire form and have truthfully answered all questions to the best of my ability. I, the undersigned, am aware that participation could in some circumstances result in physical injury and I have discussed my participation, where applicable, with my physician. I, the undersigned, being aware of my own health and physical condition and having knowledge that my participation in any exercise program may result in or cause injury to my health, am voluntarily participating in physical activity at Burlington Physiotherapy & Health Clinic Ltd. In consideration of my acceptance of my registration for the activities and programs offered or sponsored by Burlington Physiotherapy & Health Clinic Ltd., I hereby release Burlington Physiotherapy & Health Clinic Ltd., their representatives, contractors, sub-contractors, employees, and successors from liability for accidental injury or illness which I may incur as a result of my voluntary participation in the said physical activity. I, the undersigned, hereby assume all risks connected therewith and consent to participate in said program. I, the undersigned, agree to disclose any physical limitations, disabilities, ailments, or impairments which may affect my ability to participate in said physical activity. In consideration of the acceptance of participation in the program offered by Burlington Physiotherapy & Health Clinic Ltd. for myself, my heirs, executors, administrators and assigns, waive any claims to which I may become entitled for injury or damage and waive any or all claims that I have or may in the future against Burlington Physiotherapy & Health Clinic Ltd. and its directors, representatives, contractors, sub-contractors, employees, and successors. I, the undersigned, release Burlington Physiotherapy & Health Clinic Ltd. from any and all liability for any loss, damage, injury or expense that I may suffer as a result of participating in the exercise programs offered by Burlington Physiotherapy & Health Clinic Ltd., due to any cause including but not limited to: negligence, breach of contract or breach of any statutory or other duty of care owed under the occupier's liability act on the part of Burlington Physiotherapy & Health Clinic Ltd.

I, the undersigned, have read this agreement and understand this agreement. I, the undersigned, am aware that by signing this agreement, I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators, and assigns may have against Burlington Physiotherapy & Health Clinic Ltd.

All individuals under the age of 18 must have a parent/guardian sign the waiver.

Full Legal Name:

Signature (OR Guardian):

Date:
