



REGISTRATION FORM

dance & fitness for all ages

PARTICIPANT'S NAME:

ADDRESS:

EMAIL:

PHONE:

DATE OF BIRTH:

EMERGENCY CONTACT NAME:

PHONE:

HOW DID YOU HEAR ABOUT JORDIN'S PARADISE?

HEALTH HISTORY QUESTIONNAIRE

Please read each question carefully and answer honestly.

1. Has your doctor ever told you that you have a heart condition and/or that you should only participate in physical activity that has been recommended by a doctor?	YES	NO
2. Do you feel any pain in your chest when you do any physical activity?	YES	NO
3. In the past month, have you had any chest pain when you were not doing physical activity?	YES	NO
4. Do you lose your balance due to dizziness?	YES	NO
5. Have you ever lost consciousness?	YES	NO
6. Do you have a bone or joint problem that could be made worse by any change in your physical activity level?	YES	NO
7. Is your doctor currently prescribing medication (prescription or over-the-counter (ex. water pills)) for blood pressure or a heart condition?	YES	NO
8. Do you know any other reason why you should not do any physical activity?	YES	NO
9. Are you pregnant?	YES	NO
10. Do you have diabetes?	YES	NO
11. Do you have a muscle, joint or spinal disorder, or other injury that is still affecting you?	YES	NO
12. Is your weight 190 pounds or more?	YES	NO

By signing, I affirm that I have not withheld or misrepresented any information that I have provided to Jordin's Paradise, LLC.

PARTICIPANT'S NAME:

SIGNATURE:

DATE: