

Geelong Kettlebell Sport Association (GKSA) Pre-Activity Readiness Questionnaire

Full Name:

Date of Birth:

Age:

Address:

Phone/Mobile:

Email:

Emergency Contact

Name:

Relation:

Phone:

Medical Information (please describe if answer is yes)

Do you have any major past injuries? (Y/N)

Do you have any current injuries? (Y/N)

Have you got or do you have any family history of heart disease? (Y/N)

Have you got or do you have any family history of arthritis or osteoporosis? (Y/N)

Have you got or do you have any other family history of diseases? (Y/N)

Are you on any medication, past or present, that may impact your training? (Y/N)

Do you have high blood pressure? (Y/N)

Do you have or have had asthma? (Y/N)

Are you pregnant or have you been pregnant in the past? (Y/N)

Disclaimer

GKSA (and associate parties) strongly recommends that you consult with your Doctor/physician before beginning an exercise program. You should understand that when participating in any exercise or exercise program, there is the possibility of physical injury and/or death. If you engage in this exercise pr exercise program, you agree that you do so at your own risk. You are voluntary participating in these activities, assume all risk of injury to yourself and agree to release and discharge GKSA (and associate parties) from any and all claims or causes of action, known or unknown, arising out of our guidance.

Do you agree to the above disclaimer, and that all the above is true, and that you are prepared for exercise? (Y/N)

Your Signature:

Date: