



Health & Medical History Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Class: \_\_\_\_\_ Phone number: \_\_\_\_\_

Do you suffer from any of the following:  
Asthma:  Diabetes:  Epilepsy:

Do you have any other medical condition that may effect your ability to exercise? YES  NO

If Yes please describe below:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you had any injuries, pains or procedures that may effect your ability to exercise? (ie: Sprains, brakes, dislocations, cuts, operations etc)? YES  NO

If Yes please describe below:  
\_\_\_\_\_  
\_\_\_\_\_

Where? (ie: left ankle, right shoulder etc)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Ph No: (     )

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If under the age of 18years old a parent or guardian must sign this form on your behalf.

By signing this form I accept full responsibility for any injury or sickness that may occur while participating in classes and agree that 'groovit' and/or its instructors are not liable financially or otherwise.

I have read and filled out the above form with accuracy and honesty. I have made the instructor aware of any serious conditions, pains or any other type of injuries that may effect my ability to dance.

Note: All the information that has been obtained on this form will remain confidential.