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| **Lets play swim school****701 Kango street Erasmuskloof 076 609 7203****Aqua Form** |
| NAME : |
| SURNAME:  |
| DATE OF BIRTH:  |
| CELL NR: |
| OCCUPATION: |
| EMAILADDRESS |
|  |
| SPOUSE NAME: |
| OCCUPATION: |
| HOME NR: WORK NR: |
| CELL NR: |
| EMAIL ADDRESS: |
|  |
|  |
| POSTAL ADDRESS: |
|  |
| RESIDENTIAL ADDRESS: |
|  |
|  |
| **PERSON TO BE CONTACTED IN CASE OF EMERGENCY:** |
| **NAME: CONTACT NR:** |
|  |
| **Essential information in case of Medical treatment or hospitalization** |
| **NAME OF MEDICAL AID:** |
| **OPTION: MEDICAL AID NR:** |
|  |
| **MEDICAL CONDITION** |  **ADDITIONAL INFORMATION** |
|  |
| PEGNANT IF YES HOW MANY WEEKS  |
| HIGH/LOW BLOOD PRESSURE |
| CHOLESETEROL |
| HEART DISORDER |
| LUNG DISORDER |
| DIABETIC |
| ASTHMA |
| MASTECTOMY DATE |
| BREAST IMPLANTS DATE |
| EPILEPSY |
| HIP REPLACEMENT DATE |
| ANY OTHER HIP DISORDER |
| KNEE REPLAEMENT DATE |
| ANY OTHER KNEE DISORDER |
| BACK PROBLEMS PLEASE SPECIFY |
| BACK SURGERY DATE |
| HRONIC MEDICATION |
|  |
| I fully understand that the programme and exercise require rigorous physical activity and I present that my physical condition permits e to safely participate in an aqua aerobic exercise session. I agree to release the owner of Lets Play Swim School or any of its employees and their representatives from any and all liability for injuries and/ordamages arising out of the aqua aerobic session.  |
|  |
| I undertake to inform the instructor on duty should there be any changes in my health condition |
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| Signature: Date |