



FOR YOUR PERSONAL HEALTH AND WELLBEING

Please complete the form as accurately as possible

CONTACT DETAILS

NAME: D.O.B:

ADDRESS:..... POSTCODE:

MOBILE:EMAIL:

EMERGENCY CONTACT (NAME/NUMBER):

ABOUT YOU

• Have you ever/do you suffer from any of the following problems? If yes please circle

ASTHMA
JOINT/BACK PROBLEMS
DIABETES

BLOOD PRESSURE PROBLEM
HEART CONDITIONS
OTHER

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE PLEASE GIVE FULL DETAILS:

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• Are you or have you recently been pregnant? Yes/No

If yes please give dates/details

• Are you taking prescribed medicine? Yes/No

If yes please give details

• Have you recently had surgery? Yes/No
If yes please give details

• Do you have any medical conditions that may hinder your DRUMBA® experience
If yes please give dates/details

IF YOU HAVE ANSWERED **YES** TO ANY OF THE QUESTIONS, PLEASE NOTE

If you are not feeling well for any reason, please stop and only continue as and when you feel able! Know your own limitations!

For future sessions, if any of the above questions answers change to YES please speak with a member of the Drumba® team prior to your next class.

It is your responsibility to bring / take any medication / inhalers required. **Drumba® do not accept responsibility for any injuries occurred whilst taking part in the class, you do so at your own risk.**

ON A MORE UPBEAT NOTE!

- Always go at your own rate
- If you feel a muscle pulling STOP
- Follow the instructor at all times
- Don't forget BEAT BURN FIT

SIGNED.....DATE.....

