

Circus WOW

Email: circuswow@gmail.com

Website: www.circuswow.org.au



ADULT PRE-EXERCISE SCREENING FORM

This screening form does not provide advice on a particular matter, nor does it substitute for advice from an appropriately qualified medical professional. No warranty of safety should result from its use. The screening system in no way guarantees against injury or death. No responsibility or liability whatsoever can be accepted by Circus WOW for any loss, damage or injury that may arise from any person acting on any statement or information contained in this form.

Class/Workshop/Event attending: _____

Name: _____ D.O.B: ____/____/____

Address: _____ Postcode: _____

Mobile: _____ Home No: _____

Work No: _____ Email: _____

Emergency Contact

Name: _____

Mobile: _____ Home No: _____

Work No: _____ Email: _____

In attending WOW activities, I agree to:

- Notify trainers/coordinators of anything that may impact on my ability to participate safely in training, including physical injuries, medical and or psychological conditions, and to seek appropriate medical advice prior to participating.
- Take full responsibility for my safe participation in Circus WOW activities. This includes training and participating at my own pace, and communicating if an activity feels unsafe, or if I feel it puts me at risk.
- Have Fun, challenge myself, and develop in my own way. **Performing is optional.**

I understand that many circus activities involve challenge and risk, including physical and emotional.

** Please note: Circus WOW activities are run as an arts skill rather than fitness, although there may be fitness aims and outcomes.*

DISCLAIMER: I, THE PARTICIPANT, AGREE:

1. To accept full responsibility and personal liability for risk, participation, and self care.
2. That Circus WOW, it's management, trainers, employees, volunteers and associates are not liable for injuries and or damages that may occur to my person or my personal belongings when participating in WOW activities.
3. To refrain from consuming alcohol or other recreational substances prior to attending WOW classes, and or attending WOW classes while still under the influence of said substances.
4. I agree to photos taken during classes or performances being used for Circus WOW promotional purposes such as on Facebook, or circuswow.org.au

Signature: _____ Date: ____/____/____

Medical Questionnaire

AIM: to identify those individuals with a known disease, or signs or symptoms of disease, who may be at a higher risk of an adverse event during physical activity/exercise. (Please circle your answer)

Age: _____

- | | | | | |
|-----|--|-----|----|-----|
| 1. | Has your doctor ever told you that you have a heart condition or have you ever suffered a stroke? | Yes | No | |
| 2. | Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise? | Yes | No | |
| 3. | Do you ever feel faint or have spells of dizziness that causes you to lose balance? | Yes | No | |
| 4. | Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months? | Yes | No | |
| 5. | If you have diabetes (type I or type II) have you had trouble controlling your blood glucose in the last 3 months? | Yes | No | N/A |
| 6. | Do you have any diagnosed muscle, bone or joint problems that you have been told could be made worse by participating in physical activity/exercise? | Yes | No | |
| 7. | Have you spent time in hospital (including day admission) for any medical condition/illness/injury during the last 12 months? | Yes | No | |
| 8. | Are you currently taking a prescribed medication(s) for any medical conditions(s)? | Yes | No | |
| 9. | Are you pregnant or have you given birth within the last 12 months?
I am _____ months pregnant or _____ months postnatal. | Yes | No | |
| 10. | Do you have any other known condition(s) that may make it dangerous for you to participate in circus activities? | Yes | No | |

- If you have answered **YES** to any of the above questions, please discuss with the training coordinator, or trainer, prior to classes. You may be required to provide medical clearance from your GP or allied health professional prior to participating in WOW classes.

I believe that to the best of my knowledge, all of the information I have supplied within this form is correct.

Signature: _____ Date: ____/____/____

Your Privacy

Circus WOW is committed to protecting your privacy. The information provided in this form will only be disclosed to Circus WOW management and treated confidentially at all times.