



YOUR CONTACT INFORMATION

Name (first, middle initial, last)		Date of birth (month/day/year)	
Address		City	State Zip code
Phone Number ()		Email Address (please no yahoo or aol since they often get blocked)	
Contact Preference <input type="checkbox"/> Email Only <input type="checkbox"/> Email & Text		(text is only if a class you are registered for has a change)	How did you find out about Cleveland Exotic Dance? (Name any students so they can get credit!)

EMERGENCY CONTACT

Name (first & last)	Relationship	Phone Number ()
---------------------	--------------	-------------------------

Our Goal is to help you achieve your full dance and/or fitness potential, in whichever style speaks to you, while supporting you as a whole.

Each person's journey is different. Please tell us more about your goals, current fitness level, and your lifestyle as it relates to your fitness so we can work with you in a balanced way.

CURRENT GOALS

What is your MOTIVATION for coming to Cleveland Exotic Dance? What do you want to accomplish?

Do you consider yourself physically active, and why? Please give examples.

What is your dance and/or exercise history (examples: yoga, ballet, sports, weights, dancer, etc.)	How often would you like to attend classes? And when are you generally available to take classes? # days /week _____ <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thur. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun. General Times (circle): Morn / Afternoon / Eve. Any other time constraints?
--	---

What classes and topics are you interested in?

Pole Dance Pole Fitness Lyra / Aerial Hoop Belly Dance Burlesque Hip Hop Twerking
 Hula Hoop Traditional Dance (ballet/jazz/etc) Sexual Wellness
 Strength / Bodyweight Training Cardio Workout Flexibility Competition / Performance development
 Weekly Classes Short Workshops Private Lessons Private Parties

PHYSICAL ASSESSMENT

Regular physical activity should be fun, safe, and healthy. Prior to starting a new exercise or dance program, we recommend that you consult with your physician for any potential concerns. **Please read the following questions carefully and answer each one by checking YES or NO.**

<input type="checkbox"/> No <input type="checkbox"/> Yes	Has your physician ever said you have a heart condition and/or have they limited your physical activity due to this condition?
<input type="checkbox"/> No <input type="checkbox"/> Yes	Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/> No <input type="checkbox"/> Yes	In the past month, have you experienced any chest pain when you were NOT doing physical activity?
<input type="checkbox"/> No <input type="checkbox"/> Yes	Do you often feel faint or have severe spells of dizziness?
<input type="checkbox"/> No <input type="checkbox"/> Yes	Has your physician ever said your blood pressure was too high or too low?
<input type="checkbox"/> No <input type="checkbox"/> Yes	Are you currently taking any prescription medication for a heart condition, high blood pressure, or any blood thinners?
<input type="checkbox"/> No <input type="checkbox"/> Yes	Have you had any operations in the past year?
<input type="checkbox"/> No <input type="checkbox"/> Yes	Has your physician ever told you have any bone or joint problems which may be aggravated or made worse by exercise?
<input type="checkbox"/> No <input type="checkbox"/> Yes	Do you suffer from back or hip problems? (examples: chronic pain or numbness, scoliosis, etc.)
<input type="checkbox"/> No <input type="checkbox"/> Yes	Have you ever had any broken bones or injured joints (like knees, ankles, shoulders, neck, etc)?
<input type="checkbox"/> No <input type="checkbox"/> Yes	Are you pregnant or postnatal?
<input type="checkbox"/> No <input type="checkbox"/> Yes	Do you have any other health conditions not already mentioned? (tendonitis, autoimmune disease, nerve entrapment, diabetes, etc.)
<input type="checkbox"/> No <input type="checkbox"/> Yes	Do you have any allergies to latex or other allergies which might be relevant? (We use latex exercise bands at times.)

If you answered "Yes" to any of the above, please explain more about your conditions here:

If you answered YES to one or more of the above questions:	If you answered NO to all of the above questions:
---	--

<p>Talk with your doctor before starting at Cleveland Exotic Dance.</p> <p>Your physician may limit your activities to ones they deem safe. Please bring written instructions from your physician outlining your exercise guidelines.</p> <p>You may be able to do any activity you want as long as you start slowly and build up gradually. Stay within your fitness abilities, ask the instructor for modifications, speak with them if you experience any pain, and consult with your physician if in question.</p>	<p>You may begin activities at Cleveland Exotic Dance.</p> <p>Take a drop-in class or two and see what you like. Speak with the instructors to help you set your goals and outline your progress depending on your chosen class or classes. Sign up for a class package to help you get in a routine toward achieving your goals.</p> <p>Remember to start slowly and build up gradually. Stay within your fitness abilities to ensure your safety. If you experience any pain, please speak with your instructor.</p>
---	---

I HEREBY WAIVE my rights to the Physician Release and assume full responsibility for any risks associated with my dance and/or fitness program and activities at Cleveland Exotic Dance, LLC. Cleveland Exotic Dance, LLC. reserves the right to mandate a Physician Release from me at any time.

_____ [initial here]

SIGNATURE

I HEREBY ACKNOWLEDGE AND VERIFY that the above information is accurate and have notified my instructor(s) of all health issues prior to beginning any fitness program, class, or activity at Cleveland Exotic Dance, LLC. In the event that these physical or health conditions should change, it is my responsibility to inform Cleveland Exotic Dance, LLC and my instructor(s) in writing.

Signature _____ Print Name _____ Date _____

If you are under 18 years of age the section below needs to be signed in person by a parent or legal guardian

Parent/Guardian
Signature _____ Print Name _____ Date _____