



Health & Safety Form

Name: D.O.B..... Tick if U18 / over 60

email address:(strictly SalsaDX use only)

Phone / Mobile No:

Please tick if you suffer from any of the following conditions:

Lo/Hi Blood Pressure Angina Asthma Diabetes

Any joint problems, or restricted movement, in particular:

Neck Shoulders Back Hips Knees

Any other health issues, **including ante & post-natal conditions, & any medications** that we should be aware of
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IMPORTANT

Due to the physical demands of a SALSADX class, if you are under 18 or over 60, or have ticked any of the above boxes, we strongly recommend you consult your health care professional before participating.

Please ensure you are wearing suitable clothing, which allows free movement & appropriate shoes - if in doubt check with your instructor. Although we will take every care to ensure the safety of all our clients, classes are undertaken at **your own risk**

How did you hear about **SALSADX** classes:

Local Press Friend Poster Flyer drop Other(specify)

Heart FM

I confirm that I have read the above information
& consider myself fit to participate

Signed.....Date.....Venue

If you enjoy the class please tell your friends, if not, please tell us!
Thank you