

Registration No. _____
(For Office use only)

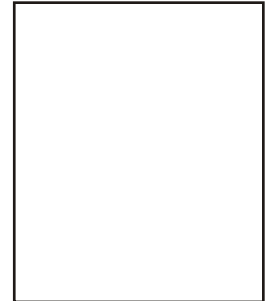
Batch No. _____
Month _____ Year _____

Aerobic Activity Academy

Dronacharya's **THE GYM**

Certified Fitness & Aerobic Trainer Course

Registration Form



Please Fill Form in Block Letters

Name :

Father/Husband Name:

D.O.B. : Age Sex Nationality _____

Educational Qualification : _____

Residential Address:

Contact No.: Mobile

Home:

E-mail: _____ Height _____ Weight _____

Blood Group: A B AB O Rhesus Factor (-Ve) (+Ve)

Health History

Yes **No**

Heart Disease

High Blood Pressure

Low blood Pressue

Asthma

List any muscle injuries you had _____

List an bone/joint injuries you had _____

List any muscle, bone or joint pain you are presently experiencing _____

- specify any medication you are presently taking _____

- specify any activity you have been advised by physician to avoid _____

- Do you smoke? Yes No

- Physical activities current _____

Declaration

I hereby certify that to the best of my knowledge I have no health condition or physical limitations which could prevent or interfere with my participation fully in the above mentioned course.

I understand that I am responsible for monitoring my own condition throughout the exercise programme and should any unusual symptoms occur, I will cease my participation and inform the Academy of my symptoms.

I understand the purpose of this course is to prepare Aerobics Instructor which need high level of fitness with understanding of involved scientific principles. The Course is designed to teach theory as well as practical exercise programme involved in Aerobics. I have consulted my physicians before participating in an exercise programme and have his/her approval. Also in consideration for being allowed to participate in the Aerobics Instruction Certification Course, I agree to assume risk of such exercise and further agree to hold harmless the Aerobic-Activity Academy and its staff members conducting the exercise programme from any and all claims, suits, loses or related cause of action for damages incurred during or arising in anyway from the certification course.

(Signature of Applicant)

Date