

AXE CAPOEIRA ASSOCIATION, INC.
Abada Capoeira New York© • Capoeira Workout®
468 W. 148 St. #5A NYC 10031 v/f 212.368.2103 www.ednalima.com

Name: _____ DOB: ____ / ____ / ____

Country _____ SS/Visa #: (if applicable) _____

Street: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Corda: _____ Academy: _____ Instructor: _____

Capoeira instructor(s) _____ Where _____ How long? _____

Insurance carrier: _____ Ins #: _____

Emergency Contact: _____ Phone: _____

Regular exercise associated with many health benefits, yet any change of activity may increase the risk of injury. Completion of this questionnaire is a first step when planning to increase the amount of physical activity in your life. Please read each question carefully and answer every question honestly:

- | | | |
|-----|----|---|
| Yes | No | 1) Has a physician ever said you have a heart condition and you should only do physical activity recommended by a physician? |
| Yes | No | 2) When you do physical activity, do you feel pain in your chest? |
| Yes | No | 3) When you were not doing physical activity, have you had chest pain in the past month? |
| Yes | No | 4) Do you ever lose consciousness or do you lose your balance because of dizziness? |
| Yes | No | 5) Do you have a joint or bone problem that may be made worse by a change in your physical activity? |
| Yes | No | 6) Is a physician currently prescribing medications for your blood pressure or heart condition? |
| Yes | No | 7) Are you pregnant? |
| Yes | No | 8) Do you have insulin dependent diabetes? |
| Yes | No | 9) Are you 69 years of age or older and not used to being very active? |
| Yes | No | 10) Do you know of any other reason you should not exercise or increase your physical activity? |

If you answered "yes" to any of the above questions, talk with your doctor by BEFORE you become more physically active. Tell your doctor your intent to exercise and to which questions you answer yes.

If you honestly answered "no" to all questions you can be reasonably positive that you can safely increase your level of physical activity gradually.

If your health changes so you then answer "yes" to any of the above questions, seek guidance from a physician and notify your instructor.

Print Name: _____ Date: _____

Parent/Guardian: _____ Date: _____

Signature: _____ Date: _____

Under 18, only with parent's authorization!!!