

REGISTRATION FOR ACTIVE MUMS

Name:

Address:

Phone:

Email:

1. **How active were you before your pregnancy? (make a cross on the continuum below)**

NOT VERY ACTIVE 2-3 X A WEEK 5+ A WEEK

2. **How active were you during your pregnancy? (make a cross on the continuum below)**

NOT VERY ACTIVE 2-3 X A WEEK 5+ A WEEK

3. **Do you have a history of injuries? e.g. lower back or neck pain.**

Yes / No

4. **Do you have any concerns about starting to exercise again after giving birth e.g. incontinence etc. If so please indicate so I can call you before the course to discuss your concerns.**

Yes / No

5. **Please tick which course you are interested in:**

Active Mums -To-Be

Mums in Motion

Groups in Action

Please Note: If you are registering for the Mums in Motion Course you will need a swiss ball for the duration of the course.

I have my own swiss ball Yes / No

I would like to hire a swiss ball for the 8 weeks (\$15) Yes / No

I would like to purchase a swiss ball Yes / No

My height is _____cm (to help with sizing the swiss ball)

6. I am interested in child minding for a sibling during my Active Mums sessions.

Yes / No

My child's age is _____years _____months

7. I am interested in the 8 week Peak Fitness Membership for \$59 (save \$139) during the Mums in Motion Course.

Yes / No

Thanks for registering! We look forward to you joining us!

Please post registration to:

Charissa Barham
Peak Fitness
c/- 20 Tokomaru Drive
Havelock North

Or please drop off at:

Peak Fitness
22 Te Aute Road
Havelock North or

You can also email it back to charissa@peakfitnessandhealth.co.nz