

Thursday mornings at 9:30am - 10:30am
Meet at Rutland sports park reception.
£1.50p per session

Strollercise is an outdoor exercise class where you bring your child with you in their buggy or pram.

We go walking on various routes in the area stopping along the way to do exercises such as: using resistance bands, park benches and steps.

We'll walk at different speeds and sometime gentle hill walks. It doesn't matter how fit you are, just come along and have fun. Mums, dads, grandparents, carers are all very welcome to join our class anytime.



Safety Guidelines:
Wear layers of clothes to take on or put on as necessary; and trainers or walking shoes and hats and scarves for colder weather. Warm clothes for baby, who is not exercising.

Bring a drink for you and baby and a rain cover or sunscreen and sunshade depending on the weather. If it rains we will still go outside but if the weather is really bad we will go into the tennis centre.

Unfortunately other children can't take part in this class. Please leave dogs at home.

If you need anymore information check out our Strollercise Frequently Asked Questions on our website or just call.

Please fill in the form attached and come 15 minutes early before your first class.



PRINT YOUR FULL NAME

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Male Female D.O.B.....

Email.....

Mobile.....

Home Tel.....

Address.....

.....

.....Postcode.....

Child's name:

Child's D.O.B:

Any information that you think we should know regarding your child:

If you are not the child's mother or if the child is older than 12 months please go to section 2 over the page.

Section 1

Have you had your 6-8 wk check at GP?	Yes / No
Type of delivery:	Natural/ C-section
Bleeding stopped?	Yes / No
Did you have an episiotomy?	Yes / No
Did you have an episiotomy? Stitches?	Yes / No Yes / No
Are you breast-feeding?	Yes / No
Are you taking any medication or supplements?	
Are you pregnant again? How many weeks?	Yes / No
Did you develop any Pelvic Girdle Pain in pregnancy or after?	Yes / No

Section 2

IMPORTANT: Have you experienced any of the following past or present? If YES please discuss with your instructor before attending a session.

Shortness of breath or asthma	Yes / No
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Blood disorder	Yes / No
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Heart disease	Yes / No
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Allergies	Yes / No
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Diabetes	Yes / No
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Chest pain	Yes / No
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High blood pressure	Yes / No
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Back problems or pain	Yes / No
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Knee problems or pain	Yes / No
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Neck problems or pain	Yes / No
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Wrist problems or pain	Yes / No
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Are you pregnant	Yes / No
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Please explain

List any medical history you feel your instructor should know about

I know of no reason why I should not participate in an exercise session.

I confirm that I have read the stroller exercise safety guidelines and I understand that I take part at my own risk and I waive any legal recourse for damages to myself, my child or property arising from participation.

Signed:

Date:

Instructor:

**DATA PROTECTION ACT (1998)
PLEASE READ CAREFULLY**

The personal details provided by you for this questionnaire will be kept in paper and electronic form in Erewash Borough Council. It will not be disclosed to any third party and will not be used for any other purpose other than to provide a record of your suitability to take part in exercise or to inform you of any special offers from the Council relating to exercise. It will be held until such time as you tell us you are no longer using Erewash Borough Council Leisure facilities for the purpose of taking exercise, at which point all records will be destroyed.



 **RutlandSportsPark**
Culture & Leisure Services

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Strollercise



FUN AND FITNESS
no creche required

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