

Flexibility Class booking form

Please submit this form with your payment to secure your place on the course. Payments are non-refundable.

Name:

Address:

Tel:

DoB:

Email (required for class announcements):

You are interested in the...

Taster Session March 1st 7pm @ £6:

Paid: yes / no

**Full 6 week Flexibility training Course
(Dates and details to be arranged...)**

Paid: yes / no

Health Questionnaire:

Do you suffer from any of the below (please circle):

High or low blood pressure

Any Cardiovascular issues (heart disease, arteriosclerosis, history of stroke with self or in family etc...)

Back pain

Arthritis

Osteoporosis

Recent bone or joint injuries (please give brief details):

Recent operations (please give brief details):

Any other conditions you feel may be significant please state here. If you are concerned as to whether a stretching class is suitable for you please consult your GP before taking part.

Menstrual problems

Pregnant

Detached retinas

Diabetes type I type II

Respiratory problems

**What is your main concern regarding flexibility?
(e.g. climbing performance, pain, restriction, injury)**

Where do you feel your most significant restriction? (E.g. Hamstrings at the back of the leg, shoulders, back)

I declare that I am fully capable of making the decision to take part in a programme of regular stretching and I have indicated or informed the instructor of any conditions that may affect my taking part. All payments are non-refundable. In the event of a class cancellation a replacement class will be arranged.

SIGNED:

DATE: