

# ENROLMENT FORM

Please fill out this form and email it to [fran@bodyprinciples.co.uk](mailto:fran@bodyprinciples.co.uk)

Or if you would prefer, you can print and bring it with you. If you have any queries or concerns, please call us at [07949 146 786](tel:07949146786)

## CLASS TYPE

Private class

Buddy class

Group class

## PERSONAL DETAILS

Name

Date of birth

Occupation

Address

Postcode

Home phone

Mobile phone

Work phone

Email

## EMERGENCY CONTACT DETAILS

Name

Best contact  
number

Relationship  
to you

## HOW DID YOU HEAR ABOUT US?

Social network

Friends or family

Web search

Email

Leaflet

Other

## DOCTOR'S DETAILS

Name

Work phone

Have you been cleared to exercise by your doctor?

Yes

No

If 'No' please explain why

## OTHER

What do you want to achieve in these sessions?

## MEDICAL DETAILS

Have you experienced any of the conditions below – please answer ‘Yes’ or ‘No’. If the answer is ‘Yes’ please provide full details in the space provided.

CONDITION	YES/NO		DETAILS (PLEASE PROVIDE FULL DETAILS)		
Surgery	Yes	No			
Respiratory problems	Yes	No			
Pregnancy	Yes	No			
If 'yes' please tick as applies:			Natural birth	Caesarean	Ventouse delivery
			Any other intervention:		
Car accident/whiplash	Yes	No			
Back/neck pain	Yes	No			
High/low blood pressure	Yes	No			
Digestive complaints (eg. ulcers, colitis etc.)	Yes	No			
Knee injuries	Yes	No			
Bone/stress fractures	Yes	No			
Muscle/ligament/tendon problems	Yes	No			
Ankle sprains/strains	Yes	No			
Osteoporosis	Yes	No			

## CONSENT

Is there anything in your medical history or current circumstances not dealt with in the questions above that we should know about? If 'Yes' or you are not sure, in the interests of your own health and safety, please disclose any such matters now.

I confirm that the medical information and personal details given on this form are true to the best of my knowledge and belief.

Signature

Date

## USING YOUR PERSONAL INFORMATION

I confirm that I have read the Body Principles Limited privacy notice and that I provide my consent to Body Principles Limited processing my health data in accordance with such privacy notice.