

ENROLMENT FORM

Please fill out this form and email it to 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.