



CotswoldChiropractic
andMassageClinic

'Back to Fitness' Registration Form

Title: Mr / Mrs / Miss / Ms

Forename:

Surname:

Date of Birth: Age:

Address:

.....

Postcode:

Email address:

Contact Number(s):

GP Name & Address:

.....

Emergency Contact Details

Contact Name: Relationship to you:

Contact Number(s):

Background Information

What type of physical activity have you tried or enjoyed in the past?.....

.....

What would you like to achieve from this fitness course?

.....

How did you hear about the classes?

Which aspects of your health would you like to achieve from this class?

Strength Flexibility Cardiovascular Fitness Body Confidence Mental Wellness

Other: (please state)

Do you have any injuries or illness that may affect you in this class?

.....

Please list any medications you take:



Cotswold Chiropractic and Massage Clinic

Please circle any of the following that relate to you and give details below;

- | | | | |
|---|----------------|---|------------------|
| Back pain | Neck pain | Spine surgery | Arthritic joints |
| Epilepsy | Anxiety | Depression | Mental Health |
| Diabetes | Heart problems | Osteoporosis | Anaemia |
| High or low blood pressure | | Circulatory problems e.g. clots | |
| Respiratory problems (e.g. asthma) | | Spondylolisthesis | |
| Significant joint or muscle injuries | | Pregnant or had a baby in the last 6 months | |
| Any surgical operations in the last 5 years | | | |

If you circled any of the above, please give details:

Enrolment

Enrolment fees of £72 must be paid in full prior to the course start date.

Payment can be made electronically using the following details:

Sort code: 30-96-26 Account Number: 42484268

Cheques should be made payable to Cotswold Chiropractic and Massage Clinic

Declaration

Please read carefully and sign below before participating in this Back to Fitness course.

I would like to enrol on the 8 week Back to Fitness course. I acknowledge that the class is not intended to replace medical care and that it is my responsibility to inform the instructor of any injuries and health conditions that I may have. I acknowledge that it is my responsibility to participate in group classes within my own limits and capabilities to prevent any injury. I understand that all care is taken to avoid any accident or injury during the classes, however I understand as with any form of physical activity there may be risk of bodily injury, including serious disabling injury, heart attack or even death and that there are many injury risks too numerous to name. I expressly waive any claim I may have against Cotswold Chiropractic and Massage Clinic, Helen Luther, or any other instructor representing Cotswold Chiropractic and Massage Clinic, for any injury or loss sustained by me while undertaking Back to Fitness activity practiced under Cotswold Chiropractic and Massage Clinic.

Name:

Signature: Date:

Please return your completed form with full payment to:

Cotswold Chiropractic and Massage Clinic, Bourne Mills, London Rd, Brimscombe, Stroud, GL5 2TA.