



Haddon Drive, Woodley, RG5 4LY Tel. (0118) 9216969

Pilates (Beginners/Improvers)

Instructor Name: Vanessa Mansergh
09:15am - 10:15am

Course Dates 16/10/17 – 18/12/17 = 10 weeks

£65.00 with Healthy Habits Membership, £75.00 Non Member

Priority Booking until 16/10/2017

NAME.....	AGE (If under18).....
ADDRESS.....	TEL.No.....
.....	Email:
POSTCODE.....	HH Card No.....

I enclose the course fee of £.....

I understand that:

- ◆ I must complete a medical form if my medical situation has changed since the start of the last course or if I am a new customer. It is my responsibility to inform the instructor of any health problems that may be aggravated or affect my ability to take part in the course during the term.
- ◆ For the duration of the course, Woodley Town Council is under no liability in respect of personal injury, loss or damage, however caused, except by proven negligence on the part of the Council, its agents or employees.
- ◆ Woodford Park Leisure Centre reserves the right to accept or decline applications. The Centre may also rearrange, amend or cancel courses without prior notice.
- ◆ Telephone bookings may be made provided they are accompanied by a card payment.
- ◆ Cheques are to be made payable to '**Woodley Town Council**' and supported by a cheque guarantee card.
- ◆ Refunds will only be given in **exceptional** circumstances. Any refunds given will incur a 10% administration charge.

Signed..... Date.....

FOR OFFICE USE ONLY

Amount Paid.....	Payment Method.....	Date Taken.....
Staff Signature.....	Entered on Register.....	HH Card No.....

-----Please tear here-----

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Monday
09.15am – 10.15am

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Medical Form

Name:			
Date of Birth:			
Address: (including postcode)			
Contact Telephone Number:	Home:	Mobile:	
Alternative Emergency Contact:	Name:Telephone Number:.....		
MEDICAL DETAILS: Have you ever had or still suffer from any of the following:			
• Asthma or Bronchitis	YES	NO	
• Heart condition, fits, fainting or blackouts	YES	NO	
• Severe headaches or migraine	YES	NO	
• Epilepsy	YES	NO	
• Anxiety or depression	YES	NO	
• Diabetes	YES	NO	
• Allergies to any known drugs	YES	NO	
• Any other allergies or reactions (nut allergy, plaster allergy, bee stings)	YES	NO	
• Contact with any infectious diseases in the last three weeks	YES	NO	
• High blood pressure	YES	NO	
• Osteoporosis or osteopenia	YES	NO	
• Back and joint problems	YES	NO	
• Are you pregnant?	YES	NO	
• Other illness or disability not named above	YES	NO	
• Receiving any medical treatment	YES	NO	
• Have you been given a Tetanus vaccination in the last ten years	YES	NO	
If you answer 'YES' to any of the above, please give full details below:			
Name and Address of Family Doctor:			
Doctor's Telephone Number:			
<i>A doctors note confirming that you are fit enough to undertake the course may be requested by the course leader at the commencement of the course.</i>			
Declaration:	I certify that I have answered all questions relation to my health correctly and to the best of my knowledge, am free from any medical condition which may be aggravated by taking part in this course. I confirm that if there are any changes in my medical circumstances I will inform the appropriate person at Woodford Park.		
Your Name:			
Your Signature:			