



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

**YOGA (Mixed Ability)**

Instructor Name: Lynn Waters

**Tuesday: 8.00pm - 9.00pm**

**Course Dates: 19/09/2017 to 21/11/2017 = 10 weeks**

**£65.00 with Healthy Habits Membership, £75.00 Non Member**

**Priority Booking Until 29<sup>th</sup> August 2017**

NAME..... AGE(If under 18).....

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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# MEDICAL FORM

Name:			
Date of Birth:			
Address: (including postcode)			
Contact Telephone Number:	Home:	Mobile:	
Alternative Emergency Contact:	Name: ..... Telephone Number:.....		
<b>MEDICAL DETAILS:</b> Have you ever had or still suffer from any of the following:			
• Asthma or Bronchitis	<b>YES</b>	<b>NO</b>	
• Heart condition, fits, fainting or blackouts	<b>YES</b>	<b>NO</b>	
• Severe headaches or migraine	<b>YES</b>	<b>NO</b>	
• Epilepsy	<b>YES</b>	<b>NO</b>	
• Anxiety or depression	<b>YES</b>	<b>NO</b>	
• Diabetes	<b>YES</b>	<b>NO</b>	
• Allergies to any known drugs	<b>YES</b>	<b>NO</b>	
• Any other allergies or reactions (nut allergy, plaster allergy, bee stings)	<b>YES</b>	<b>NO</b>	
• Contact with any infectious diseases in the last three weeks	<b>YES</b>	<b>NO</b>	
• High blood pressure	<b>YES</b>	<b>NO</b>	
• Osteoporosis or osteopenia	<b>YES</b>	<b>NO</b>	
• Back and joint problems	<b>YES</b>	<b>NO</b>	
• Are you pregnant?	<b>YES</b>	<b>NO</b>	
• Other illness or disability not named above	<b>YES</b>	<b>NO</b>	
• Receiving any medical treatment	<b>YES</b>	<b>NO</b>	
• Have you been given a Tetanus vaccination in the last ten years	<b>YES</b>	<b>NO</b>	
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:			