



Dance Workshop

Booking form

Please complete in full in capital letters. One form per person.

Name:

Address:

.....

Tel: Email:

Workshop/s booking for: £90 per couple, per full workshop

Payment via bank transfer:

Sort code: 54-41-19 Account no: 48184462 Account name: J A Edmett

Date payment sent:

	Please read the following carefully and answer honestly: Tick YES or NO. If you tick any of the 'yes' responses below you may need your doctor's consent before you participate in the class.	Yes	No
1	Has a doctor ever said that you have a heart condition and not to take part in physical activity?		
2	Do you have chest pain brought on by physical activity?		
3	Have you developed chest pain in the last month?		
4	Do you lose consciousness or fall over as a result of dizziness?		
5	Do you have a bone or joint problem that could be aggravated by physical activity?		
6	Has a doctor ever recommended medication for your blood pressure or a heart condition?		
7	Are you aware through your own experience or from doctor's advice of any other reason why you should not do physical activity without medical supervision?		

Please outline any other relevant information that may affect your physical ability to participate.

Known allergies:

Pre-existing medical conditions:

Current medication:

Informed consent:

I realise that my body's reaction to physical activity is not totally predictable. Should I develop a condition that affects my ability to exercise, I will inform my teacher immediately and stop if necessary. I take full responsibility for monitoring my own physical condition at all times.

If you have answered 'YES' to any of the above questions, are pregnant, have a history of heart disease or suffer from any other medical condition, it is strongly recommended that you obtain your doctor's consent that you may take part in this class.

Signed: Date:



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