



MALHOUSE THEATRE



Please return form no later than COB Wednesday 11 March.

Name _____ D.O.B _____

Email _____ Phone _____

Would you like to be Fitter. Faster. Better. ? YES NO

How hard can we push you? EASY MEDIUM HARD

What sort of activities/sports did you enjoy when you were a kid?

Are you currently doing any form of exercise? If so, what?

How much do you exercise? LOTS OFTEN SOMETIMES NEVER

Do you have any Access requirements? YES NO

If yes, what?

Are there any medical conditions that we should know about? YES NO

If yes, what?

Have you ever had any injuries or surgery? Please provide details:

Are you or do you have reason to believe you might be pregnant? YES NO

Has anyone in your immediate family had a heart attack/stroke before the age of 65? YES NO

Emergency contact name: _____

Phone _____ Relationship to you _____

I confirm that all of the above information is true.

Signature _____ Date _____

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DISCLAIMER, TERMS AND CONDITIONS

1. The Instructors accept no responsibility for any loss, damage or injury to any participants, or to the personal property of any participant and whether such loss, damage or injury is caused directly or indirectly by the Instructors.
 2. Every participant by their signature hereto warrants that to the best of their knowledge and belief they are suffering from no physical condition or illness not identified in this form.
 3. Any images captured during the performance remain the property of St Martins Youth Arts Centre and may be used for archival and promotional purposes.
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