

Winter Term 2017 Stretch Therapy Course Enrolment Form

Student Details:

Name			
Phone	Landline:	Mobile:	
Address			
Email			
Medical Disclosure*			
Emergency Contact*	Name:	Phone:	

Winter Term 2017 Course Details:

Day	Time	Location: OUC / Les Exp	Teacher

Fees and Payment Method:

Total Fee	= \$		
Date Paid			
Payment Method	Cash: Receipt #	Cheque: Receipt #	Electronic Funds Transfer: Confirmation #

Student Signature:

Date:

***Statement of Inherent Risk and Medical Disclosure:**

Your health and safety is of primary concern to us, and we respectfully request that you keep us informed of any medical condition with may impact your capacity to undertake exercise programs. It is your responsibility to make full disclosure regarding any condition you have that may impact or compromise your ability to undertake physical activities. If you have any concerns in view of your general health, medical condition(s) or other, regarding the appropriateness of undertaking an exercise program; you should seek your own medical advice and consult your Doctor before participating. It is your responsibility to inform Sonja and Merryn of any change to your circumstances regarding your ability to undertake physical activities. Should Sonja and/or Merryn consider your condition to be of concern; we will request that you seek medical clearance before proceeding with your course booking.

***Emergency Contact:**

Please provide the name and contact phone number of the person we should contact in an emergency.