

1. Please print off this document and complete all sections,
2. Scan and email completed form to tjhdanceandfitness@sky.com

TJH Dance & Fitness Exercise Class Registration Form

Name: -----

Address: -----

DOB: -----

Email Address: -----@-----

Mobile No: -----

PARQ: please answer the questions below

Do you have any existing medical conditions that may affect your ability to participate in exercise?

Are you taking any regular prescription medication?

In the past twelve months have you suffered any major illness or surgery?

Certain medical conditions can be adversely affected by increasing exercise; I understand that the instructor Tara Veasey-Watts is an exercise professional qualified to deliver an exercise session but not a medical practitioner.

I hereby declare that to the best of my knowledge; I can participate in an exercise class, and I understand that if I have any existing medical conditions that I should seek professional medical clearance before undertaking a new exercise regime.

If I choose not to do this then I accept responsibility for my actions and no liability can be placed upon the instructor Tara Veasey-Watts.

Signed client: ----- Date: -----

Signed instructor: ----- Date: -----

Privacy Policy:

Your personal privacy is important to TJH Dance & Fitness the information you provide is not shared or passed onto a third party; all forms are stored in a secure location. If you cancel your attendance of classes your details are kept on file for a period of 7 years as per a condition of insurance policy.

How did you hear about TJH Dance & Fitness please circle?

Leaflet Advert (please state) Referral / word of mouth social media Other

Data Consent:

By ticking this box, I give permission to be sent information regarding other related fitness-based classes: ☐