

PHYSIO 4 HORSEDIERS WORKSHOP APPLICATION FORM

NAME.....

D.O.B.....

ADDRESS.....
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TELEPHONE NUMBERS (Please include STD code)

DAY.....

EVENING.....

MOBILE.....

DATE OF WORKSHOP.....

MEDICAL CHECK (Please note this information is strictly confidential)
Please disclose any previous or present medical problems

Please tick if you suffer or have suffered from any of these conditions:

	YES	NO
Breathing problems		
Heart or circulatory problems		
Diabetes		
Cancer		
Paralysis		
Fits		
Osteoporosis		
Major surgery		

If you have ticked YES to any of the above, please give details here:

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Are you or might you be pregnant? YES NO

Do you have a spinal problem? Eg back or neck pain. Please give details here:

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Have you had any broken bones or other injuries, eg sprains and strains? Please give details here:

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MEDICATION

Please write down any current medication you are taking

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Have you ever taken steroid medication? YES NO

Terms & Conditions

To book your place it may be wise to confirm that we have space on the desired date by telephone.

Then send your completed application form, together with a cheque for the full amount of £60 payable to “Lakeland & Lunesdale Physiotherapy”.

If we receive an application for a fully booked workshop, an alternative date will be offered, however, if this is not convenient, your cheque will be returned.

Fees are non refundable, although places are transferable if you can source a replacement independently.

Upon receipt of your application and full fee, you will be sent a letter confirming your place on the course and receipt of the course fee.

Lakeland & Lunesdale Physiotherapy reserve the right to cancel the workshop if enrolment is insufficient or due to unforeseen circumstances.

Lakeland & Lunesdale Physiotherapy will not be held responsible for any damages incurred as a result of course cancellation.

These terms and conditions are correct at the time of printing but are subject to alteration.

Declaration

I consent to actively participate in a group workshop (maximum of 6 persons) lead by a Chartered Physiotherapist, which involves assessment of my movement faults and the teaching of corrective exercises, which may involve working in a pair or group with other workshop participants for some activities. I have received adequate information about the workshop format. I agree to the terms and conditions as stated above. I have answered the questions on this form to the best of my knowledge.

Signed.....

Print Name.....

Date.....