



CHARLBURY Community Centre

CCC No _____

Enrolment Form

Name: _____ DOB: _____

Address: _____

Telephone: _____ Email: _____

Emergency contact (name and tel no): _____

Medical Issues

If you have ANY problems, diagnosed or not, that might affect your ability to exercise such as heart trouble, pains in your chest, faintness, dizziness, high blood pressure, joint problems, back pain or if you could be pregnant, have a communicable disease or are taking medications, please make a brief note here and discuss it further with the class leader:

Use of email address

I agree to Charlbury Community Centre using my email address to provide information about activities and events at the centre and informing me of changes: Yes/No

Declaration

I have answered the questions above correctly, I agree to abide by the terms and conditions of use of Charlbury Community Centre and for my contact details to be used by the centre only.

Signed: _____ Date: _____

Charlbury Community Centre can accept no liability for any health incidents that may occur during exercise. We collect the above medical information in order to try to tailor the activities to suit participants but it is up to you and your doctor to decide what you are able to do. Please don't overdo it and consult your physician if unsure.