

FIT2XL

'QUITTERS NEVER WIN AND WINNERS NEVER QUIT'

BOOKING FORM

NAME:

DATE OF BIRTH:

ADDRESS:

.....

POST CODE:

TELEPHONE/MOBILE:

EMAIL:

OCCUPATION:

REASON FOR PARTICIPATING:

.....

CHOICE OF LEVEL (please circle):

1

2

3

Medical Questionnaire.

Fit2XL requires the individual to fulfil this medical questionnaire to ensure your safety throughout the course. Please note that Fit2XL reserves the right to refuse the individual entry on the course if you do not complete this form on full and to the best of your knowledge. Fit2XL cannot be held liable for any injury that may occur to any person, not caused by the neglect of its employees or by equipment failure.

Are you now or have you ever suffered from any of the following? Please answer Yes or No.

1. Heart conditions (heart attack, angina, irregular heartbeat, hole in the heart etc...)
2. High/Low blood pressure.
3. Back or joint problems.
4. Diabetes.
5. Respiratory illness(Asthma, bronchitis, emphysema)
6. Fainting/Dizziness.
7. Under medical treatment for any illness.
8. Had any serious injury or operation within the last 18 months.

If you answered 'Yes' to any of the above questions we strongly advise you not to participate on the course before having taken medical advise.

I have read and understood the information above and agree to take full responsibility for my actions whilst on the Fit2XL weekend course.

Signature.

Print name.

Date.