

Client Registration Form

Today's date:

First Name:

Last Name:

Home telephone:

Mobile Telephone:

Date of Birth:

Gender: M / F

Email:

Address:

Postcode:

Are you happy to receive our newsletter by email? Y / N

Medical Info Please add any health information below that you feel is relevant. It is wise to check with your doctor prior to attending class if you have injuries/surgeries/pathologies.

Doctor's Surgery:

Doctor's Name:

Injuries?	Surgeries?	Illnesses/Pathologies?
Foot/Knee	Foot/Knee	Arthritis?
Leg/Hip	Leg/Hip	Cardiovascular Issues?
Neck/Head	Neck/Head	Diabetes?
Shoulder/Arm	Shoulder/Arm	Dizziness/Faintness?
Back	Back	Neural disorder or Hypermobility?
Other (eg. Pre/Post Natal?)	Medications	Immune System Disorder?

Emergency Contact Info

Name:

Relationship:

Phone:

Email (optional):

Liability Waiver

In ticking the box below I agree that ONE GROVE is in no way responsible for the safekeeping of my personal belongings while I attend class. I understand that classes at ONE GROVE may be physically strenuous and I voluntarily participate in them with full knowledge that there is risk of personal injury, property loss or death. I agree that neither I, my heirs, assigns or legal representatives will sue or make any other claims of any kind whatsoever against ONE GROVE or its members for any personal injury, property damage/loss, or wrongful death, whether caused by negligence or otherwise.

