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## Welcome To Sydney Stretch Therapy Course

This course is run over 10 weeks, limited to the first 6 enrollments. A missed class can be made up in another class within the time frame of the current course, space availability permitting.

Date: \_\_\_\_\_ Referred by: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

Birthday: \_\_\_\_\_

Marital Status/ Partner's name: \_\_\_\_\_

Children's names and ages: \_\_\_\_\_

### **Medical or Physical History I need to know about before starting:**

What are your expectations for this course? \_\_\_\_\_

\_\_\_\_\_

Weekly exercise type and duration: \_\_\_\_\_

\_\_\_\_\_

Other stress reduction or leisure activities: \_\_\_\_\_

\_\_\_\_\_

Are you pregnant? \_\_\_\_\_ How many weeks? \_\_\_\_\_

List any injuries, illnesses or surgeries? \_\_\_\_\_

\_\_\_\_\_

Do you have frequent or chronic pain? \_\_\_\_\_

When did this start & how? \_\_\_\_\_

Where? \_\_\_\_\_ Worse when... \_\_\_\_\_

Are you still under a physicians care? \_\_\_\_\_

List all current medications, painkillers and supplements: \_\_\_\_\_

\_\_\_\_\_

I the undersigned agree the above information is accurate and true to the best of my knowledge and that I do not have any injuries or physical ailments, which would prevent me from undertaking a Stretch Therapy course at my own risk.

I further agree that if I do have any chronic problems, that I have sought qualified professional advice, and that I am able to attend at any level, without risk to myself. I agree not to hold the Stretch Therapy Instructor, or her agent for any injuries that may arise from attending a Stretch Therapy course.

I understand that a refund is not available once the course has commenced.

Signature \_\_\_\_\_ Date \_\_\_\_\_