



CHERIE
SEETO

Welcome to Sydney Stretch Therapy

Class Enrolment Form

Your details

Full name:

Address:

Email:

Mobile:

Date of birth (dd/mm/yyyy):

How did you hear about Stretch Therapy?

Do you have frequent or chronic pain?

Y N

If yes, please provide details like when it started, how, where and when it got worse:

Are you still under a physician's care?

Y N

If yes, list all current medications, painkillers and supplements:

Are you pregnant? Y N

If yes, how many weeks?

About you & your history

I want to join a Stretch Therapy class because:

List any injuries, illnesses or surgeries:

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 class at my own risk. I further agree that if I do have 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 their agent for any injuries that may arise from attending a Stretch Therapy class. I understand that a refund is not available once the course has commenced.

Signature:

Date: