

**CRAIG CULKIN'S**



**2010 BOXERCISE REGISTRATION FORM:**

Course Details	
Course Length	8 week course (8 x 1 hour sessions)
Venue:	Haute Vallee School Gymnasium
Days:	Wednesday Evenings
Dates:	3 <sup>rd</sup> , 10 <sup>th</sup> , 24 <sup>th</sup> of February, and 3 <sup>rd</sup> , 10 <sup>th</sup> , 17 <sup>th</sup> , 24 <sup>th</sup> , 31 <sup>st</sup> March 2010
Time:	6.30 – 7.30pm
Cost	£48.00 (please note you cannot book individual sessions)
Info:	All you need to bring is a drink. We recommend you wear normal workout attire; running shoes, shorts, and t-shirt. Gloves, skipping ropes and all other equipment will be provided.

Personal Details			
Full Name:			
Date of Birth:			
Address:			
	Post Code:		
Home Tel:	Mobile Tel:		
Email:			

Pre-Exercise Questionnaire (Please tick Yes or No)								
Are you/ do you have/ever had?	Y	N		Y	N		Y	N
Currently Smoking			Gout			Pregnant		
Currently Inactive			Chest Pain			Given Birth Recently		
High Blood Pressure			Stroke			Prescribed Medication		
High Cholesterol			Rheumatic Fever			Dieting or Fasting		
Over 35 Years of age			Chronic Illness			Stress		
Diabetes			Heart Condition			Anxiety/ Depression		
Heart disease in the family			Infectious Diseases			Low Energy Levels		
Hernia			Glandular Fever			Arthritis		
Dizziness			Liver/ Kidney Disease			Asthma		
Heart Murmur			Infectious Diseases			Epilepsy		
Stomach Problems			Hospitalised Recently			Any Injuries		
Any further medical Info:								

You will receive a SMS confirming we have received your booking form. Please return this form to the address below enclosing a cheque made payable to 'Craig Culkin'.

**Declaration:** I understand that my booking is non-changeable and non-refundable under any circumstances including illness, accident or injury. I do hereby assume full responsibility for any and all damages, injuries, or losses that I may sustain or incur, if any, while attending or participating. I hereby waive all claims against Craig Culkin and Boxercise, for any and all claims for injuries or damages that I might sustain.

I understand all risks will be fully explained and that I do not have to partake in any exercises I do not feel comfortable with. I will notify Craig Culkin if my health status changes or medical condition changes in relation to the enlisted questions. I certify that I am in good physical condition and have no known disabilities that might otherwise be detrimental to my health or well-being. I certify that all of the information provided on this application is correct and true.

Print Name:	Signed:	Date:
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