BoCo Registration Form

*To complete form, type details and either click in next field to be completed or press TAB to move to next field. For Help see text on status line at bottom of screen. In second section, please click boxes for X to select your answer.*

*Our privacy notice can be seen on* [*www.boco-uk.com/privacynotice.html*](http://www.boco-uk.com/privacynotice.html)*.*

|  |  |
| --- | --- |
| Name: |       |
| Address: |       | Town: |       |
| Postcode: |       | Mobile no: |       |
| Home e-mail: |       |
| **How did you hear about us?** | *Please choose from dropdown lists below:* |
| How did you first hear about us? |  |
| If other website or any other sources please give details: |       |
| If personal referral please select from list on the right: |  |
| Please enter name of person who referred you: |       |

**About You**

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| Are there any particular improvements you wish to gain from your Yoga/Pilates practice? |
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**Your Main Interest:** Both [ ]  Only Yoga [ ]  Only Pilates [ ]

Beginner [ ]  Some experience but a while ago [ ]  Or, regular practice for

|  |  |  |  |
| --- | --- | --- | --- |
| **First Taster Class:** | Day:       Date:       | Time: |       |

**Class Times Preference**: W/day [ ]  Early Evening (c 6.00) [ ]  Late Evening (c 8.00) [ ]  W/end [ ]

|  |  |
| --- | --- |
| Do you have a specific preference of time & day that we don't have on the timetable?: |       |

**Date of Birth:**       **Working?:** Full Time [ ]  Part time [ ]  **Not working**: [ ]

**Any children at home?** No [ ]  Yes - Under 5: [ ]  5-12: [ ]  13-18: [ ]

**Coming for Pregnancy classes? Due Date:**

**Medical Information**

When anxious or very busy, do you tend to hold stress in a particular part of your body? Yes: [ ]  No: [ ]

If yes, please select from the following options:

Lower jaw [ ]  Neck [ ]  Shoulders [ ]  Upper back: [ ]  Lower back [ ]  Stomach [ ]

Do you find it easy to relax and ‘switch off’ when you want to? Yes [ ]  No [ ]

Are you currently taking any medication? Yes [ ]  No [ ]

Any serious illness or major operations? Yes [ ]  No [ ]

Is there any past/present history of Asthma, Epilepsy or Heart conditions? Yes [ ]  No [ ]

|  |
| --- |
| Please give details of medication/serious illness or major operations and of any current injury or chronic condition:      |

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| *Declaration: I will ensure that my teacher knows if I have any health concerns, medical issues or am on medication. I understand that the studio equipment is to be used only under instruction, and that I am responsible for taking part in the exercises safely.* |
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| --- | --- | --- | --- |
| Signed: |       | Date: |       |

***Note****: Handwritten signature not needed if completing onscreen and emailing back to BoCo.* |