



BOOKING FORM

DATE: **TIME:** 7.45-6.00 **VENUE:** LIVINGSTONE HOUSE CHISLEHURST

Please **COMPLETE** the form & **RETURN** to **Judith Watson 11 Edward Rd Chislehurst BR7 6BD** indicating how you are paying and if necessary attaching your payment to this form.

TITLE..... FIRST NAME SURNAME

ADDRESS POST CODE

LANDLINE TEL NO MOBILE TEL NO

ICE TEL NO EMAIL

DATE OF BIRTH

I wish to pay by: **CHEQUE** PAYABLE to JUDITH WATSON (attached) or **BACS**

I would like to do **WALK** 1 2 or 3 I'm happy to be a **PACE MAKER**or **HELPER**.....

I would like **VEGETARIAN** lunch **AND** I would like to do:

CREATIVE SESSION (first come first served): **MUSIC** or **ART**

MOVEMENT - AM (first come first served): **PILATES**..... or **DANCING**

MOVEMENT - PM (first come first served): **YOGA**..... or **PILATES**

Is the first time for any of the above **MOVEMENTS** please state which:

HEALTH QUESTIONS:

- Has your Doctor ever told you that you have any sort of heart trouble or defect? YES or NO
- Do you feel pain in your chest when you undertake physical activity? YES or NO
- Are you, or could you be, pregnant now? YES or NO
- Is your blood pressure? HIGH or NORMAL or LOW
- Have you ever been told you have joint problems, osteoporosis, osteopenia? YES or NO
- Are you taking drugs or medication which may affect your ability to exercise? YES or NO
- Are there any movements that cause you pain? YES or NO
- Do you suffer from asthma, diabetes or epilepsy? YES or NO
- Do you suffer from back, neck or other specific pain or restricted movements? YES or NO
- Do you have any food allergies? YES or NO

If you answer **YES** to any of above please give further relevant details **ON THE REVERSE**.

BY SIGNING THIS FORM, I UNDERSTAND: I HAVE READ and AGREED TO THE TERMS and CONDITIONS OF MY BOOKING and to the TERMS and CONDITIONS of my participation in A DAY IN YOUR LIFE event. I confirm that I have read and HAVE ANSWERED CORRECTLY the above HEALTH QUESTIONS.

SIGNATURE DATED