



Oadby & Wigston
Hindu Community

PHYSICAL ACTIVITY REGISTRATION DETAILS/PARTICIPATION FORM - YOGA

Title: Mr/Mrs/Miss Name(s) Surname.....

Address:

.....
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Home Tel:.....

Mobile No:.....

Post code:

Email address:.....

Age Group:

18 to 24.....	<input type="checkbox"/>
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25 to 40.....	<input type="checkbox"/>
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41 to 59.....	<input type="checkbox"/>
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60 plus.....	<input type="checkbox"/>
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Name of next of kin:.....

Next of kin is my.....

Next of kin's contact details:.....

Phone no..... Mobile.....

Do you have any Disabilities or Medical Conditions? Yes*/No

*If yes, have you taken any medical advice? No**/Yes

If you have **not** taken any Medical Advice, you are **not** permitted to join any activities organised by OWHC

If you attend any activities or exercise organised by OWHC, with or without medical advice, you will be attending entirely at your own free will and risk.

If in doubt, please do not participate in any activities organised by OWHC.

DECLARATION:

I WILLIGLY TAKE PART IN ACTIVITY OR EXERCISE AT MY OWN FREE WILL AND RISK. The organisers will not be responsible for any loss, damage or injury caused due to participation in any such activities organised by OWHC. I understand that I am not allowed to participate without my Doctor's advice in relation to any disabilities or Medical conditions that I may have, if I do it will be entirely at my own free will and risk. I agree to follow precautionary health and safety advice given by the instructors and organisers. The organisers reserve the right to restrict or deny participation at any time

SIGNATURE:

DATE.....

Email:info@hindu-community-oadby-wigston.org

Please complete and return the form to: OWHC, 6 Kew Drive, Oadby, LE2 5TS
Or hand it in before participating in any activities or exercise sessions