



**Dance for Parkinson's at Tring Park Associates**

**Enrolment Form: Autumn Term 2018**

**Classes, one hour per week during the TPA term. Cost: £5 per class**

Completion of this enrolment form is required in advance in order for you to attend classes. Please complete and return to the Front of House staff at Park Studios on arrival for your first class. The first class is a taster and is free but the rest of the term is payable in advance. Terms are normally 13 weeks. Please send a cheque made payable to 'Tring Park', with your name and date you joined the class written on the back to Nikki Denton, Tring Park School for the Performing Arts, Mansion Drive, Tring, Hertfordshire, HP23 5LX or hand it to the Front of House staff at Park Studios.

For people joining during the term the payment is pro rata as detailed above. For subsequent terms, payment must be sent to Nikki Denton before the first class of each term.

|                                   |          |
|-----------------------------------|----------|
| Full name                         | DOB      |
| Address                           | Landline |
|                                   | Mobile   |
|                                   | Email    |
| Name of partner attending classes |          |

**Screening**

Please circle/highlight any of the following conditions that may affect you.

- |                         |                    |
|-------------------------|--------------------|
| High/low blood pressure | Diabetes           |
| Epilepsy                | Heart disorder     |
| Respiratory problems    | Arthritis          |
| Bone/Joint problems     | Dizziness/fainting |
| Recent illness          | Recent surgery     |

|   |
|---|
| Please give further details of circled/highlighted conditions and any other condition that is not listed. |
|---|

If you have circled one or more of the above and have not recently done so, please consult with your doctor before taking part in any physical activity and tell your doctor which questions you answered yes to. If in any doubt, seek your doctor's advice as to your suitability to partake in these classes.

## **Informed Consent - Liability Waiver**

**Please read and sign this undertaking if you wish to join these dance classes**

I have completed this questionnaire to the best of my knowledge and have not withheld information that might be significant or relevant. I undertake to advise of any significant changes to my health or present condition (including surgery). I understand that I exercise at my own risk and I acknowledge that I have either had a physical examination and have been given my doctors permission to participate, or that I have decided to participate in activity and use of any relevant fitness equipment without the approval of my doctor and do hereby assume all responsibility for my participation and activities, and utilisation of equipment in my activities.

I give my permission for TPA staff to give the immediate necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities where it would be contrary to my interest, in the doctor's medical opinion, for any delay to be incurred by seeking personal consent.

**Signed Participant .....**

**Date:.....**

**Signed Partner .....**

**Date:.....**