Date	
D 410	

## Body Art Enrolment Form



Signature

Please fill in this form & submit it to the Management. After your application has been approved, a membership card will be issued to you.

Name:		
Contact no:- Mob:	Res:	Off:
Email:		
Postal Address:		
Date of Birth:		Occupation:
If student, where & what do	you study?	
Please mark the facility you	currently wish to join at	Body Art
☐ The Workshop ☐ The C	aym 🔲 The Gyrotonics	& Pilates Hub   Aqua Aerobics
If you want to join the Worksho	p or Aqua Aerobics, indica	ate the batch timing (subject to change by Management)-
1st Preference	2	2 <sup>nd</sup> Preference
Preferred date of commend	cement:	
Tick the appropriate box be	elow:-	
Do you have any health pro	oblems such as:	
☐ Diabetes	Asthma	Upper/ Mid/ Lower back problems
☐ Coronary blockages	Arthritis	☐ High/ Low Blood Pressure
☐ Any others? If so, please	mention them	
You are enrolling in this pr	ogramme to:	
☐ Lose fat/ inches	Tone-up	
☐ Build Muscle Mass	Increase	e mobility/ flexibility
☐ Improve a specific health	problem 📮 Any othe	ers. Pls specify
Have you done any form of	exercise before? If yes,	what & where?
For how long?		
How did you come to know	of Body Art?	
I, the undersigned, will abide I to the facility that I am joining	by the principles provided g).	I on "Some Useful Information About" (with reference
If I, the undersigned, use your for ensuring that the vehicle it the valets are appropriately s	is not taken away/ dama	t will be only on the basis that you will not be responsible ged/stolen nor anything stolen therefrom, and/ or that
, the under-signed, have had Body Art a copy of written m to insist upon it.	myself medically checke edical clearance within a	ed up & been given clearance to exercise, & will give month, although the Management will not be entitled