***Screening Questionnaire***

***Name: Email:***

***Mobile: Date of Birth:***

***Emergency Contact Name:***

***Emergency Contact Number:***

***Relevant Past Medical History:***

***Recent Injuries:***

***Are you on any Medication:***

***Main reason for attending class:***

***Goals that you want to achieve:***

**Refund & Cancellation Policy**

Unfortunantly we cannot offer refund for partially used terms. We will allow the unused classes to be transferred to another term within a three month period.

A twenty euro deposit is required to secure your place in a new term . We operate a 24 hour cancellation policy otherwise the deposit is non transferable and non-refundable**. Late cancels or no shows will be charged at the single rate of classes.**

**Please ensure you complete the disclaimer.**