

Enrolment form Late Summer 2019 - Please return with your payment

Pub Clubs

Date	Location	cost	please tick
Tues 2 July	Empress of Blandings, Copythorne	£10	
Thurs 4 July	The Ship Inn Wool	£10	
Tues 9 July	The Sir John Barleycorn, Cadnam	£10	
Thurs 11 July	The White Buck, Burley	£10	
Tues 16 July	The Fleur De Lys, Lymington	£10	
Thurs 18 July	Wareham boat trip*	£17*	
Tues 23 July	The Three Tuns, Bransgore	£10	
Thurs 25 July	The Saxon Inn, Child Okeford	£10	
Tues 30 July	The Bat and Ball, Breamore	£10	
Thurs 1 Aug	Weymouth Day Trip	£13	
Tues 6 Aug	The Horns Inn, Parley	£10	
Thurs 8 Aug	The Charlton Inn, Blandford	£10	

***Please note we need all payments for the Wareham boat trip by 27th June please.**

Energetic Walking Group new members

Dates	cost	please tick
Various please see program letter	£12 annual fee for Energetic walking group 2019 for new members	

Please note course fees are non refundable and non transferable FINAL TOTAL: £_____

Please fill in your details:

Title:	First Name:	Surname:
Address:		
Postcode:		
Email address:		
Home phone		Mobile:
Method of payment	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	Please make cheques payable to ' Age UK Bournemouth ' send to 700 Wimborne Road, Bournemouth, Dorset BH9 2EG
How would you like your confirmation sent? email <input type="checkbox"/> post <input type="checkbox"/>		
SIGNATURE:		
DATE:		

CONFIDENTIALITY AND USE OF INFORMATION

First Name:	Surname:
Age UK Bournemouth is committed to protecting your privacy and will process your personal data in accordance with GDPR 2018 . Your details will be kept safe and secure and only used by Age UK Bournemouth or its employees and will not be shared	
Do we have your CONSENT to store your information <input type="checkbox"/> Yes <input type="checkbox"/> No (Please note If you tick NO we will be unable to enrol you on any activities)	
Our timetables, enrolment forms and confirmation letters are sent by post, however if we need to contact you further are you happy for us to contact you by: Email: <input type="checkbox"/> Yes <input type="checkbox"/> No Phone: <input type="checkbox"/> Yes <input type="checkbox"/> No Post: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Would you like to receive information about the following?	
Services offered by Age UK Bournemouth:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Age UK Bournemouth Newsletter:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Information from our Trading team (products and services)	<input type="checkbox"/> Yes <input type="checkbox"/> No
SIGNATURE:	
DATE:	

SAFE TO EXERCISE?

NEW YOGA CLIENTS ONLY

Please answer these questions in order that you may exercise safely. All information will be treated with confidentiality.

First Name: _____ Surname: _____

Have you had any recent injury, surgery, joint replacement or medical condition? Yes No

Do you have difficulties with sight or hearing? Yes No

Do you suffer from any heart problems? Yes No

Have you spoken with your doctor about exercise prior to enrolling? Yes No

Do you suffer from diabetes, breathing problems, osteoporosis, depression, arthritis or any other condition requiring special care? Yes No

If yes please give details:

What regular exercise do you take?

Signature: _____

Date: _____

Medical / NOK Form

Completion of the medical information is optional, the data will be shared with the medical / emergency services if any accidents / emergencies occur. All information will be treated and stored confidentially.

Do you consent to sharing medical information? Yes No

Your Details	Next Of Kin Details
Title:	Title:
First Name:	First Name:
Surname:	Surname:
Address:	Address:
Postcode:	Postcode:
Home Telephone:	Home Telephone:
Mobile:	Mobile:
Email:	Email:
Date of Birth	Relationship to you:
Please give details of any medical condition:	
Please give details of any medication you are taking:	
GP's Contact Details Name:	Surgery:
Address:	
Postcode:	
Do you use a wheelchair, walking aid or need any other assistance (please give details):	
<input type="checkbox"/> Wheelchair <input type="checkbox"/> Rollator <input type="checkbox"/> Walking aid <input type="checkbox"/> Walking stick <input type="checkbox"/> Other, please specify	
Have you any other additional health information that may be relevant:	
For some activities a further assessment form may be required. I understand that I participate in activities at my own risk.	
Signature:	Date:

Please return your Enrolment form, Medical forms and payment (cheques made payable to 'Age UK Bournemouth') to Age UK Bournemouth, 700 Wimborne Road, Bournemouth, BH9 2EG