

AQUATHERAPY - REGISTRATION FORM

Surname: _____ Forename: _____ DOB _____

Full postal address: _____

_____ Postcode: _____

Tel. (Home) _____ (Mobile) _____ (Work) _____

Swimmer/Non-swimmer (delete as appropriate) e-mail: _____

Details of complaint (if any) _____

Details of any medication
being taken at this time: _____

IMPORTANT NOTE:

**IT IS THE RESPONSIBILITY OF THE REGISTRANT TO SEEK HIS OR HER MEDICAL PRACTITIONERS ADVICE AS TO THE
ADVISABILITY OF THE REGISTRANT PARTICIPATING IN AQUATHERAPY**
**CARER CLASSES: Carers and pupils should note that carers shall be solely responsible for the wellbeing of pupils both before,
during and after each session and carers must be present with their pupils at all times.**

PLEASE NOTE

Missed classes can only be made up (if possible) during the current term, and unfortunately cannot be carried forward to the next term.

I have read the explanatory notes printed on the attached sheet, and having fully understood the same hereby consent to **AQUATHERAPY**

Signature _____ **Date** _____

(This part to be completed by the Consultant/Medical Practitioner if applicable)

The person whose details appear above would benefit from **AQUATHERAPY**
Please be advised as to the following details concerning the patients specific needs:

1. Disability _____

2. Parts of the body involved _____

Movements to be encouraged _____

Movements to be avoided _____

Suggested length of exercise _____

And any other relevant factors _____

Signature of Consultant/Medical Practitioner _____

Name and address of Consultant/Medical Practitioner _____

Or practice stamp _____

When completed please return to:
Anne Kingsbury ASTA (AQ) A.I.S.T. D.Hom. (Registered Homeopathic Practitioner)
The Cottage, 80 Flemming Avenue, Leigh on Sea, Essex, SS9 3AX
Tel: 01702 475508 Email: anne@aquatherapy.co.uk VAT number 247 6357 79