

Luke Young Registration

First name:	Surname:
Date of birth:	Occupation:
Telephone number:	Mobile number:
E-mail:	
Address:	
Doctors name:	
Telephone number:	
Address:	
Emergency contact name:	Emergency contact number:

Continuation of PAR-Q	
If you have ticked 'Yes' to any of the questions when completing the PAR-Q please give details i.e. Medications your on and what they are for, Injuries that I need to be aware of.	
Comments:	
I hereby sign to confirm that all the information given above is correct:	
Your name:	Your signature:
Instructor's name:	Instructor's signature:

Please note: Luke Young collects the information to ensure the safety and welfare off his clients. The data is not passed on to any third parties and maybe used to keep you updated on their services all information given will be treated confidentially.