Date_	
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## Body Art Enrolment Form



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:						
Please mark the facility you currently wish to join at Body Art						
☐ The Workshop	The Gy	m		The Pilates Hub		
If you want to join the Workshop, indicate the batch timing (subject to change by Management)						
1st Preference2nd Preference						
Preferred date of commencement:				1		
Tick the appropriate box below:	-					
Do you have any health problem			_			
☐ Diabetes	Asthma		_	Upper/ Mid/ Lower back problems		
Coronary blockages	Arthritis			High/ Low Blood Pressure		
Any others? If so, please me			×			
You are enrolling in this programme to:						
Lose fat/ inches		☐ Tone-up				
■ Build Muscle Mass	-	Increase mobility/ flexibility				
☐ Improve a specific health problem ☐ Any others. Pls specify						
Have you done any form of exercise before? If yes, what & where?						
Why did you discontinue there?						
Do you have any background in fitn						
How did you come to know of Body Art?						
I, the undersigned, will abide by the to the facility that I am joining).	e principles	provided on "Some Us	sefu	I Information About" (with reference		
	t taken awa	ay/ damaged/stolen no		e basis that you will not be responsible nything stolen therefrom, and/ or that		
I, the under-signed, have had mys <b>Body Art</b> a copy of written medicato insist upon it.	elf medical Il clearance	lly checked up & been within a month, altho	giv ugh	ven clearance to exercise, & will give the Management will not be entitled		