



# Transform

Health Limited

## MARBELLA BOOTCAMP 2019

### Registration Form

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_

Current Weight: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Work: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

**Please read the following questions and answer them correctly. If you have any of the following conditions please tick box**

- |   |   |
|---|---|
| <input type="checkbox"/> Cancer (Current)   | <input type="checkbox"/> Hernia (Groin) |
| <input type="checkbox"/> Chest pain/Chest tightness/Palpitations/Shortness of Breath upon Exercise                | <input type="checkbox"/> Open Wounds    |
| <input type="checkbox"/> Pregnant at present/6 months post C section/2 months after normal delivery/breastfeeding | <input type="checkbox"/> Epilepsy       |

**If you had any of the following conditions in the past or at present please tick box**

- |  |   |
|--|---|
| <input type="checkbox"/> A medical diagnosis of high or low blood pressure                   | <input type="checkbox"/> Diabetes                           |
| <input type="checkbox"/> High cholesterol  | <input type="checkbox"/> History of Cancer                  |
| <input type="checkbox"/> Surgery in the past 6 month   | <input type="checkbox"/> Asthma/lung conditions             |
| <input type="checkbox"/> Arthritic conditions/Rheumatism                                     | <input type="checkbox"/> Fractures or muscle/tendon injury  |
| <input type="checkbox"/> Back pain   | <input type="checkbox"/> Long term steroid use              |
| <input type="checkbox"/> Oedema (swelling of the arms or legs)                               | <input type="checkbox"/> Previous brain injury              |
| <input type="checkbox"/> Osteoporosis  | <input type="checkbox"/> Spinal Injury                      |
| <input type="checkbox"/> Pacemaker Fitted  | <input type="checkbox"/> History of heart disease/stroke    |
| <input type="checkbox"/> History of blood clots (and or taking blood thinners e.g. warfarin) | <input type="checkbox"/> IBS/Crohn's Disease/Diverticulitis |
| <input type="checkbox"/> Thyroid Problems  | <input type="checkbox"/> Bladder Problems                   |

Have you any other medical condition (please state) \_\_\_\_\_

Are you currently taking any medication?

**Yes /No**

If YES, what medication are you currently taking?

**Price: €2000 per person sharing- flights not included.**

**50% non-refundable deposit taken at time of booking.**

**Your selected week:**

<b>Bootcamp Number</b>	<b>Start Date</b>	<b>Finish Date</b>
2	7 <sup>th</sup> July	13 <sup>th</sup> July

**I would like to attend and commit to Residential 6 night MARBELLA BOOTCAMP 2019.**

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

PLEASE PRINT AND SIGN THIS DOCUMENT AND EMAIL A COPY TO [TEAM@TRANSFORMATIONPOD.COM](mailto:TEAM@TRANSFORMATIONPOD.COM).

ONE OF OUR TEAM WILL CONTACT YOU TO MAKE THE NECESSARY ARRANGEMENTS.

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