



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:

Bootcamp Number	Start Date	Finish Date
1	30 th June	6 th 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.

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

Terms & Conditions apply. See transformationpod.com for more details.