

Registration Procedure & Form



Please complete the documents attached and return to T2 Fitness at;
10 Queens Crescent
Shrivenham
Oxon
SN6 8DD

Or preferably scan and email them to stu@t2fitness.co.uk.

ONLY FOLLOWING RETURN OF YOUR APPLICATION FORM AND RELEVANT SIGNATURES CAN WE ALLOW ACCESS TO ANY PRE-COURSE MATERIALS

On signing this form you are committing to attending the course. Failure to attend will result in losing your non-refundable deposit. If you attend any or all of the days of the course you will be liable for the entire course fee. Mitigating circumstances may dictate postponement of attendance and transfer to another course. These situations will be judged by your tutor and their decision is final.

Name

Email

Address

Postcode

Phone

D.O.B

Course of Study (Please Circle/Tick)

Level 2 Fitness Instructor

SEO and Social Media

Level 3 Sports Massage Therapy

Level 3 Personal Training

Level 3 Pilates

Level 3 Exercise Referral

Level 4 Low Back Pain Management

Suspended Movement Training

Kettlebells

First Aid

Studio Cycling

ViPR

Strength & Conditioning

Bootcamp

ANKORR

Movement Specialist Diploma

Performance Specialist Diploma

Treatment Specialist Diploma

Gym and PT Combined Diploma

Certificate in Assessing

Ante & Post Natal Exercise

**Where did you hear
about T2 Fitness?**

Method of Payment

Bank Transfer

Bank Details for Payment;

Bank: HSBC

Name: T2 Fitness Training & Education Ltd

Account Number: 61543369

Sort Code: 40 43 35

**Previous Education
in Fitness
(Please supply copies)**

Physical Activity Readiness Questionnaire (PAR-Q) & Informed Consent



Completion of this form is the first step to take if you are planning to participate in an educational course, training session or workshop with T2 Fitness.

For most people physical activity doesn't pose any problems, but the PAR-Q is designed to identify the small number of people for whom it might not be appropriate, or those who should seek medical advice concerning the type of activities most suited to them.

Please answer the following questions honestly.

1. Personal Details

Surname

Given Names

Address

Postcode

Age

D.O.B

Phone

Mob

1. Do you have a bone or joint problem, such as arthritis, that has been aggravated by, or may be made worse by, exercise?

2. Do you have high blood pressure?

3. Do you have low blood pressure?

4. Are you diabetic?

5. Do you, or have you ever suffered with Rheumatic Fever?

6. Do you have raised cholesterol (above 6.2mmol/L)?

7. Do any of your first-degree relatives have raised cholesterol?

8. Do you have a heart condition? If yes, has your doctor recommended you only do physical activity recommended by a doctor?

9. Is there a history of coronary heart disease in your family?

10. Have any of your first-degree relatives experienced a heart attack?

10. a) Heart Operation?

10. b) Congenital heart disease?

11. Have you ever felt pain in your chest when you do physical exercise?

12. Do you, or have you ever suffered with Asthma?

13. Do you suffer with palpitations?

14. Have you ever suffered from unusual shortness of breath at rest or with mild exertion?

15. Do you, or have you ever suffered with Epilepsy?

16. Do you sometimes feel faint? Have spells of dizziness? Or have lost consciousness?

17. Do you suffer with frequent colds?

18. Do you suffer with constipation?

19. Do you suffer with headaches/migraines?

20. Are you, is there is any possibility you may be pregnant?

21. Are you currently being prescribed drugs or medication?

22. Have you ever had surgery?

23. Have you ever broken any bones?

24. Do you suffer from back pain?

25. Do you experience numbness, tingling or stabbing pains anywhere?

26. Do you have tension or soreness in any specific area?

27. Do you know of any other reasons why you should not undertake a physical activity programme?

If you answered yes to any of the above, please give details:

Based on the answers you have given, should we both feel that it is advisable and/or necessary, to consult your doctor for further advice regarding your suitability for physical activity, please sign here to confirm that you will contact your doctor. **N.B. should you already have done this prior to this assessment; please sign the Confirmation Note instead.**

Client Signature

Client Name

Date

Confirmation note

I have taken medical advice and my doctor has agreed that I should exercise.

Client Signature

Client Name

Date

If you answered no to all questions please sign the declaration below.

Assumption of Risk / Informed Consent

I hereby state that I have read, understood and answered honestly the questions above. I also state that I wish to participate in activities, which may include aerobic exercise, resistance exercise and stretching. I realise that my participation in these activities involves the risk of injury and even the possibility of death. Furthermore, I hereby confirm that I am voluntarily engaging in an acceptable level of exercise, which has been recommended to me.

I understand that I will be taking part in a range of physical training challenges in my endeavours with a trainer and I also accept that the responsibility is mine. I understand the risks and the benefits. I also acknowledge that the training party has informed me of the fact they will take measurements and sensitive information and will treat this with respect in accordance to the Data Protection guidelines.

Client Signature

Trainers Signature

Client Name

Trainers Name

Date

Date

Emergency Contact Details

Surname

Given Names

Address

Postcode

Relationship to you

Phone

Mob

Learner Needs Form



Please state below if you have any issues regarding the learning the topics of the course or the assessment process.

Reading skills

Writing skills

Hearing impairment

Visual impairment

Behavioural or Social needs

Language (English not first language)

Any other issues that may inhibit the learning process

If you have selected “may need assistance” an appointment will be made between you and your tutor to discuss any needs or adjustments you may have.

Please detail any issues:

Learner Financial Agreement



By signing this form I agree to pay my fees in full and on time.

There are several payment plans available at T2 Fitness and in the event I choose not to pay the full course price upfront I will be subject to certain guidelines in relation to fee payments.

I will be expected to make equal payments before the last day of the month for the duration of the course. This payment will be for the following months learning, not the previous month so in essence the full course will be paid for at the start of the final month learning. In the event I miss a month's payment I will be excluded from the course until such a time that I make the missed payment. At this point I will be allowed to continue the course but it will be my responsibility to review any work missed and not T2 Fitness' obligation. This may, in some cases result in being required to attend a subsequent course at my own expense.

I understand that if I miss a payment and fail to make it by the final date of the scheduled course I will be required to join the next course that T2 offer at my own expense. There will be certain situations that T2 Fitness deem appropriate to spend time one-to-one with learners who are rejoining a course by way of catching up the work and subjects missed but this will be completely at the discretion of the course tutor and T2 Fitness will review each case on its own merits.

Additional Fees

The only additional fees applied above the stated price of the courses on offer at T2 are for payment plans lasting longer than 6 months. If you choose to pay your course over 6 payments it will be subject to no further fees. Payments of 7 or more instalments will be subject to a £25 monthly fee beginning on the seventh month.

The final additional payment to be highlighted is for those learners who fail to attend the scheduled assessment day without prior consent from the course tutor. If agreed at the outset of the course this will be waived. This fee, if applied will be for £50 per hour and a minimum of two hours.

Finally, there is a course re-attendance fee of 20% of the course fees to be applied to any learner wishing to re-attend the course. Learners may re-attend sections for a lesser fee at the tutors discretion

**THE SCHEDULE
MODEL CANCELLATION FORM**



(Complete and return this form only if you wish to withdraw from the contract)

To:

T2 Fitness Training & Education Limited
10 Queens Crescent
Shrivenham
Oxon
SN6 8DD

07816 240 137

info@t2fitness.co.uk

I/We [*] hereby give notice that I/We [*] cancel my/our [*] contract of sale of the following goods [*]/for the supply of the following service [*],

Ordered on [*]/received on [*],

Name of consumer(s),

Address of consumer(s),

Signature of consumer(s) (only if this form is notified on paper),

Date

[*] Delete as appropriate

EXPRESS REQUEST FORM



I wish to expressly request that T2 Fitness Training & Education Limited of 10 Queens Crescent, Shrivenham, Oxon SN6 8DD, start the services that I have registered for immediately and, in any event, before the 14 day cancellation period expires. I accept that I have read the information under the heading "Your Rights To End The Contract" and acknowledge that if the contract is fully performed within the 14 day cancellation period I will lose my right to cancel the contract and will be liable to pay the full contract price as agreed.

Signed:

Print name:

Dated:

Registration Form Checklist



THE FOLLOWING LINKS DETAIL OUR STANDARD POLICIES AND PROCEDURES, INCLUDING OUR TERMS AND CONDITIONS. PLEASE READ THEM CAREFULLY AND THEN TICK TO ACKNOWLEDGE YOUR ACCEPTANCE OF THEM.

[Equal Opportunities Policy](#)

[T2 Fitness Education Terms & Conditions](#)

[Appeals Procedure](#)

[Social Media And Marketing](#)

[Complaints Procedure](#)

[Equality & Diversity](#)

[Safeguarding Children & Vulnerable Adults Policy](#)

[Health & Safety](#)

Under 18?

If you are under the age of 18 you will need to have a Parent or Guardian sign the following box in order to offer consent for all of the above. This should be viewed as a countersignature for all boxes you have signed so please ensure they read this application form also.

Parent or Guardian Signature

PLEASE NOW RETURN THIS VIA MAIL OR SCAN TO THE ADDRESS / EMAIL ADDRESS STATED ON PAGE 1. YOU SHOULD ALSO EMAIL THE LEAD EMAIL ADDRESS IN ORDER TO LET T2 FITNESS KNOW TO EXPECT YOUR APPLICATION FORM IN CASE IT IS LOST IN THE MAIL.