

Saint Pancras Community Association

Registration form

Please use **BLOCK CAPITAL** letters when completing this form

Name	
Date of Birth	
Gender	
Address	
Post code	
Contact number	
Email address	

Health and Wellbeing @ SPCA:

Please tick what activities you wish to attend to be added to the class registers

Fitness Fusion Hulafit with Shakira Bodyweight Blitz

Moor Fit: Total Body Boost Moor Fit: Core Balance and Strength

Barz Global: Survival of the fittest Barz Global: Family Fitness

Medical details

Please indicate any medical conditions

Ethnicity (Please specify)

Emergency contact information

Name:
Contact number:

Name:
Contact number:

Disability

Do you have any long-standing illness, disability or infirmity?

If yes, please specify _____

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Are you happy to have your photograph taken whilst taking part in activities with St Pancras Community Association and to have your photograph displayed on our website which is available for the public to see?

Yes No

Monthly payment information:

Account details

Payable to: St Pancras Community Association

CAF Bank: Account number: **00098334** Sort code: **40-52-40**

Reference: SPCAHWA (your surname)

GDPR (General Data Protection Regulation) replaces the Data Protection Act from 25th May 2018.

Please fill out this consent form and preference of contact.

I give permission for my registration form information to be accessed by SPCA staff & instructors

Sign & date

I give permission to be contacted with opportunities for volunteer and/or in fundraising at SPCA

Sign & date

I give permission to be contacted about SPCA Events eg Summer Fair, Newsletters

Sign & date

I give permission to be receive updates on SPCA's health and wellbeing program

Sign & date

I give permission (please tick boxes as appropriate) to be contacted via:

Post Email Telephone Text Message

Where did you hear about the health and wellbeing program @ SPCA?
