Green Farm Kent Health & Allergens Declaration Form



Part One

All guests joining a Green Farm Retreat are requested to complete Parts One and Two of this form. Please complete Part Three if you are participating in yoga, exercise or any other "active" activity. The completed form should be emailed to info@greenfarmkent.co.uk as soon as possible.

The information received will allow us to plan aspects of the Retreat more effectively to suit your needs and interests and to ensure you get full benefit from your time at Green Farm. Any information you provide will be treated in the strictest confidence and will not be disclosed to any individual or organisation not involved with your retreat.

Name
Email (BLOCK CAPITALS PLEASE)
Address
Mobile
TVIOSIIC
Date of Birth
Emergency Contact (Name and Tel)
How did you hear about Green Farm?

Part Two:

Celery

Please tick if you are allergic to any of the following Allergens:

Cereals

<u>Yes</u>

Crustaceans		Eggs					
Fish		Lupin					
Milk		Molluscs					
Mustard		Nuts					
Peanuts		Sesame seeds					
Soya		Sulphur dioxide (sometimes known a sulphites)	s 🗆				
			<u> </u>	•			
Please give details here if	you hav	e answered "yes" to anything above:					
			WE ()	6: 6 .			
Do you have any other dietary requirements or foods that you DO NOT LIKE, for example Spice, Coconut etc? If you do not provide us with your requirements we cannot promise to meet your needs.							
Do you have any other all	lergies/ir	ntolerances that we should know about,	, i.e non-food re	elated?			

<u>Yes</u>

Part Three

Please complete this part if you are participating in any "active" activity – e.g. yoga, exercise etc.

		1	
Activity: Yoga YES: ☐ No ☐ Exercise	YES: 🗆	No □ Other:	
Have you participated in this type of a	ctivity k	pefore? YES: No	
If 'YES' please provide further details e	e.g. how	long for, which style, current practice	
What is your main reason for coming t	o an ac	tive Green Farm Retreat?	
majority of people, there are certain co	ndition	e your safety. Whilst yoga may be practiced safely by s which require special attention. If you are unsure, possil	lease
Do any of these health conditions apply to you?	Yes	Do any of these health conditions apply to you?	Yes
High blood pressure		Recent fractures/sprains	
Low blood pressure/fainting		Recent operations	
Arthritis		Back problems	
Diabetes		Knee problems	
Epilepsy		Neck problems	
Heart problems		Recent pregnancies	
Asthma/Respiratory Problems		Are you pregnant?	
Depression or Anxiety		Do you have any other conditions which affect	
Detached retina/other eye problems		your mobility or are likely to cause you concern when doing Yoga or generally participating in the weekend?	
Please give details here if you have ans	swered	"yes" to anything above:	