

Client Enrolment Form

Personal Details

Title: Mr Mrs Miss Ms Dr

Name:

Address:

Postcode

Tel:

Email:

Date of Birth:

Occupation:

Sports/Hobbies:

Emergency Contact Details

In case of an emergency, who should we contact?

Name:

Tel:

Relationship:

Your Background and Your Health

To ensure your personal safety during exercise, please inform us of any health issues that may affect your ability to participate. This information will not be shared with any other organisation and will be kept securely at all times.

1. Does your work/sport involve any of the following? (please tick)

Sitting for long periods Driving Bending Lifting heavy weights Standing

Any other repetitive action

2. Will this be the first time you have practised Pilates? Yes No – If No, have you previously attended:

Studio Pilates Mat Classes At home (book, DVD)

Number of classes attended: 0-5 5-10 10-20 20+

3. Has your Doctor ever said that you have any sort of heart trouble or defect? Yes No

4. Do you feel pain in your chest when you undertake physical activity? Yes No

5. Are you, or could you be pregnant now? Yes No If YES, when is your due date?

6. Have you been pregnant in the last six months? Yes No

7. If you have had a baby, how was it delivered? Normally Caesarean Normally with intervention (e.g. forceps)

8. Do you often get headaches? Yes No

9. Do you lose your balance because of dizziness or do you ever lose consciousness, feel faint or dizzy? Yes No

10. Do you have high blood pressure? Yes No

11. Is your blood pressure: normal? low?

12. Have you had major surgery in the last 10 years? Yes No

13. Have you had minor surgery in the last two years? Yes No

14. Do you suffer from asthma, diabetes or epilepsy? Yes No

15. Have you ever been told that you have arthritic joints, osteoporosis, osteopenia or any bone or joint problem that may be made worse by exercising? Yes No

16. Do you suffer with back or neck pain? Yes No

17. Do you have pain or restricted movement in any other joints (e.g. hip, knee, ankle, shoulder)? Yes No

18. Have you been diagnosed as hypermobile(excessive joint mobility)? Yes No

19. Are there any movements that cause you pain? Yes No

20. Are you taking any drugs or medication which may affect your ability to exercise? Yes No

21. Have you been recommended to take up Pilates by a specialist practitioner? Yes No

If YES, by your: GP Chiropractor Physiotherapist Osteopath Other

22. Do you hereby give us permission to contact them? Yes No If YES, please state their name and contact number: Practitioner's Name: _____ Practice Telephone: _____

Please list any health problems you suffer, not already mentioned, that may affect your ability to exercise. If you have answered YES to any of questions 3-21 above, we advise that you consult your medical practitioner before you start Pilates classes. Please give further relevant details below, in confidence, to any questions ticked YES

23. Are there any factors that your teacher should be aware of that may prevent you from regularly attending classes (such as childcare, lack of transport, shift work?) Yes No If YES, please specify:

Your Aims

24. What are your reasons for taking up Pilates?

25. What health or physical goals would you like to achieve over the next three months?

26. What longer term health or physical goals would you like to achieve over the next 12 months?

Terms and Conditions:

Group Classes:

- A 6 week course is £60. This must be paid for in advance of the course starting to secure your space.
- Classes are non-refundable. A flexible make-up system is available for you to make up missed sessions but this must be done within the same term. Classes can not be rolled over. It is your responsibility to keep track of your sessions and organise your make-up sessions with your teacher, to ensure space is available.
- If you are unable to commit to a full term, you can pay as you go at £12/hr, providing space is available.
- All classes are run subject to demand. Every effort will be made to accommodate you in your chosen class.

Private Sessions:

- A one:one is £48/hr or a 6 week course is £240.
- A one:two is £24/hr pp or a 6 week course is £180pp.
- **A cancellation fee will apply unless 24 hours notice is given prior to your private session.**

Studio Etiquette:

- Please wear close fitting clothing that you can move easily in. This will allow your instructor to see the way your body moves, so please no baggy clothes.
- Bare feet are preferred unless you have any foot "health" issues and socks need to be worn.
- Please do not wear clothes with zips and remove all jewellery and watches as they damage the mats.

Important Information

Please advise us before commencing any session if, for any reason, your health or your ability to exercise changes.

It is inadvisable to do Pilates between weeks 8 to 14 of pregnancy, unless by special arrangement with your teacher. It is also wise to wait six weeks after the birth before resuming exercise.

Pilates exercises are very safe but, as with all forms of physical exercise, it is prudent to consult your doctor before starting Pilates sessions.

These sessions are not a substitute for medical counselling or treatment. If you have any doubts about the suitability of the exercises, you should refer back to your medical practitioner. The teacher can accept no liability for personal injury related to participation in a session if:

- Your doctor has, on health grounds, advised you against such exercise
- You fail to observe instruction on safety or technique
- Such injury is caused by the negligence of another participant in the class/studio

Exercises should be performed at a pace which feels comfortable for you. PAIN is the body's warning system and should NOT BE IGNORED. Please inform your teacher immediately if you feel any discomfort during a session. Please also inform the teacher if you feel discomfort after a previous session.

I understand that Pilates exercises involve hands-on correction and I hereby consent for my teachers to work this way.

I agree to take full responsibility for not exceeding my limits in the Pilates session and for any injury or discomfort I might experience by participating. I agree not to hold the teacher or Studio responsible for any injuries or damage, which occurs while participating in the exercise class or session.

I confirm that I have read and understood the above advice and that the information I have given is correct.

I confirm that I have read and understood the terms and conditions.

Signed,

Client _____

Date _____

Teacher _____

Date _____