

## Pilates Client Enrolment Form

### Personal Details

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Contact Tel: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Other Activities: \_\_\_\_\_

\_\_\_\_\_

### Emergency Contact Details

Name: \_\_\_\_\_

Contact Tel: \_\_\_\_\_

For instructor's use only

### Important Information

**Please take a moment to read these important points:**

- If you have any medical issues it is prudent to consult your doctor before starting Pilates sessions.  
  
The instructor can accept no liability for personal injury related to taking part in a session if:
  - your doctor has advised you against such exercise;
  - you fail to observe instructions on safety and technique;
  - if any injury is caused by the negligence of another client in class.
- Pain should not be ignored or 'worked through'. This is your body telling you to stop. If it hurts, stop immediately and inform the instructor.
- Please inform the instructor before starting sessions if you are pregnant (it is advisable to wait six weeks after giving birth to commence sessions and only if you have been signed off by your GP), or if you become pregnant. It is generally inadvisable to do Pilates between 8-14 weeks of pregnancy but this can be discussed with the instructor.
- Some instructions are verbal, some by demonstration and some corrections to position and posture are encouraged by hands-on correction and by signing this form you give consent for instructors to work in this way.
- You must inform the instructor if anything changes medically, especially if you have injured yourself.

## Your Background and Your Health

**1** If you have a medical condition (even temporarily), have you received clearance from your doctor to attend Pilates sessions?

Yes

No

If you are unsure please consult your GP/ Consultant before attending class.

**2** Have you practised Pilates before?

Yes

No

**3** Do you exercise on a regular basis?

Yes

No

**4** Do you currently have any injuries?

Yes

No

**5** Have you had any surgery in the last ten years?

Yes

No

**6** Do you often get headaches?

Yes

No

**7** Have you ever been told you have a heart condition?

Yes

No

**8** Do you lose balance because of dizziness or do you ever lose consciousness?

Yes

No

**9** Do you have high or low blood pressure?

Yes

No

**10** If yes, is it controlled with medication?

Yes

No

**11** Do you suffer from asthma, diabetes or epilepsy?

Yes

No

**12** Do you have arthritis?

Yes

No

**13** Do you have osteoporosis or osteopenia?

Yes

No

## Your Background and Your Health (continued)

**14** Do you experience back or neck pain?

Yes

No

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**15** Do you have any other pain or discomfort during a normal day?

Yes

No

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**16** Are you taking any medicines which may affect your ability to exercise?

Yes

No

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**17** Do you have any other restricted movements not yet mentioned?

Yes

No

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**18** Has a specialist (physio/chiropractor etc) recommended you take up Pilates?

Yes

No

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Please give any other information, not already mentioned, that may affect your ability to exercise:

I hereby state that I have read, understood and honestly answered the questionnaire and will inform the instructor of any changes.

Signed,

Client: \_\_\_\_\_ Date: \_\_\_\_\_

**Refunds policy:** You can cancel a block of classes up to 48 hours before the new block begins and have a full refund. After this period we regret we cannot offer any refunds in full or in part.

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