



## Enrolment form

### Personal Details

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

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

Email \_\_\_\_\_

Sex:  Male  Female

Date of birth \_\_\_\_\_

Occupation \_\_\_\_\_

Sports/hobbies \_\_\_\_\_

Emergency contact details

Name \_\_\_\_\_

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

### General information

1. Will this be the first time that you have practised Pilates?

Yes  No

2. If no what level would you say you are?

Beginner  Intermediate  Advanced

3. Does your work/sport involve any of the following for long periods?

Sitting  Bending

Lifting heavy weights

Driving  Standing

Any other repetitive action

4. Do you often get headaches?

Yes  No

5. Do you suffer from back or neck pain?

Yes  No

(if yes please detail)

\_\_\_\_\_

6. Do you have pain or restricted movement in any other joint (eg hip, knee, ankle, shoulder)?

Yes  No

(if yes please detail)

\_\_\_\_\_

7. Have you ever been diagnosed with any joint or bone problem?

Yes  No

(if yes please detail)

\_\_\_\_\_

8. Have you been recommended to take up Pilates by a specialist practitioner?

Yes  No

(if yes please detail)

\_\_\_\_\_

9. Do you give us permission to contact the practitioner?

Yes  No

(if yes please detail)

\_\_\_\_\_

10. Are there any other health problems you suffer, not already mentioned, that might affect your ability to exercise?

Yes  No

(if yes please detail)

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## Your goals

What are your reasons for taking up Pilates?

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What health or physical goals would you like to achieve over the next few months and long term?

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## Physical activity readiness questions

(If you answer YES to questions 11 to 18 below we advise that you consult your doctor prior to starting your first class. Please tell your doctor about the PAR-Q and the relevant questions you answered yes, he will then advise if it is safe for you to participate or if we need to adjust any of the movements)

11. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?

Yes       No

12. Do you feel pain in your chest when you do physical activity or in the last month when not taking part in physical activity?

Yes       No

13. Do you lose your balance because of dizziness or do you ever lose consciousness?

Yes       No

14. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart conditions?

Yes       No

15. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?

Yes       No

16. Do you know of any other reason why you should not do physical activity?

Yes       No

17. Are you, or could you be pregnant at the moment?

Yes       No

18. Have you been pregnant in the last six months?

Yes       No

## Important information

Please let me know before commencing THIS session if your health or ability to exercise changes.

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 doctor/practitioner. I cannot accept any 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 instructions on safety or technique
- such injury is caused by the negligence of another participant in the class/studio

All 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 me immediately if you feel any discomfort during a session. Please also inform me if you felt any discomfort after a previous session.

I understand that Pilate's exercises involve hands-on correction and I hereby consent for my teacher to work in this way.

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

Signed,

Client \_\_\_\_\_

Date \_\_\_\_\_

Teacher \_\_\_\_\_

Date \_\_\_\_\_