

Pilates Registration Form

PLEASE FILL OUT THE DETAILS
BELOW AND BRING WITH YOU TO
YOUR FIRST CLASS

PERSONAL DETAILS

NAME (Please print): DOB: / /

ADDRESS:
.....

Mobile number: Email Address:

Occupation:

Hobbies/Sports:

GP Name and Address:
.....

How did you hear about our Pilates classes?

Have you attended a Pilates class before? No Yes – For how long?

Why have you decided to commence Pilates?
.....
.....

HEALTH QUESTIONNAIRE

1. Have you ever had an episode of back pain? No Yes – Please give more details and how many times?
.....

2. Have you recently had any injuries or surgery? No Yes – Please give more details and date.
.....

3. Are you currently experiencing any of the following? (Please Circle)

Lower Back Pain Pelvic Pain Any other Neck or Back Pain Heart Problems

High or low blood pressure Pins and Needles/Numbness Dizziness/Nausea

4. Have you been diagnosed with or had treatment for any of the following? (Please Circle)

Cardiac (Heart) Respiratory (Lungs) Arthritis Osteoporosis Diabetes Cancer
Epilepsy Joint replacements Other

5. Are you pregnant? No Yes - How many weeks are you?

When is your estimated due date? / /

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Clinical Pilates Participation Informed Consent Form

The Pilates program will begin at a low level and will be advanced in stages depending on your fitness level. We may stop the exercise session because of signs of fatigue or excessive straining. It is important for you to realise that you may stop when you wish because of feelings of fatigues or any discomfort.

There exists the possibility of certain dangers when exercising. They include, but are not limited to, abnormal blood pressure, fainting, irregular, fast or slow heart rhythm, and in rare instances, heart attack, stroke or death. Whilst every care will be taken, it is impossible to predict the body's exact response to exercise. Every effort will be made to minimise these risks by evaluation of preliminary information relating to your health and fitness and by observations during exercising. If there are any changes to your current health or medication please notify your Pilates instructor. It is recommended that you discuss with our GP or Health professional prior to commencing any new exercises programme.

The instructor can accept no liability for personal injury related to the participation in a class if:

1. Your doctor has on health grounds advised you against such exercise.
2. You fail to observe instructions on safety of an exercise.
3. Injury is caused by the negligence of another participant in the class.
4. Misuse of any equipment.

Please note that payment for the whole term is required before beginning the class.

I understand that as I will be attending as part of a class and that the exercise programme will not be specifically designed to my individual requirements, although the class instructor will highlight any areas of personal weakness and may suggest areas for self-practice based on the history given and observations made by the instructor. I have read and understood all the information given to me and completed the registration form in full and consent to take part in a Physiotherapy led Pilates class.

Signed: Date: / /

NAME (Please print)