

## PILATES REGISTRATION

<b>NAME</b>		<b>D.O.B.</b>	
<b>ADDRESS</b>		<b>TEL No</b>	
<b>EMAIL</b>		<b>OCCUPATION</b>	
<b>N.O.K. NAME</b>		<b>N.O.K. TEL No</b>	

### YOUR HEALTH & FITNESS DETAILS:

Have you previously or are you currently experiencing any of the following, please tick below;

	YES	NO		YES	NO
Back problems			Joint pain		
Pre/post natal			Dizziness or fainting		
Anxiety or stress			Surgery in the last 2 years		
Heart problems			Respiratory problems		
High /low blood pressure			On medication		

If yes to any of the above, please provide details:

Do you have any other injury or medical condition that may affect your ability to exercise? YES/NO

If so please give details: \_\_\_\_\_

Have you been given medical clearance to attend a Pilates fitness class? YES/NO

Do you currently exercise? YES/NO

If so please give details: \_\_\_\_\_

Do you have any previous Pilates experience? YES/NO

If so please give details: \_\_\_\_\_

### CLIENT DECLARATION:

I understand that whilst every care will be taken to give safe instruction, I accept full responsibility and consider myself fit to exercise. I have answered all the questions correctly and all medical and health considerations have been detailed above. I understand that I attend the Pilates fitness class at my own risk and that I am responsible for my own belongings. I will advise my instructor of any relevant changes in my health and fitness. I understand that exercises may involve hands on correction and I hereby consent for my teacher to work in this way.

Signed : \_\_\_\_\_ Date: \_\_\_\_\_