

Pilates Registration Form



General Client Details Teacher : Laura Latham

Title: _____ Name: _____ D.O.B ____/____/____
Address: _____

Telephone Number: _____
Email Address: _____
GP Name: _____

Emergency contact Name: _____ Number _____

Where did you hear about the class?

Pilates Aims

Why have you decided to commence Pilates?

What aspect of your health would you like to concentrate on? Circle all that apply

Core stability	Flexibility	Posture
Strength	Stress management	Relaxation

What is your **main** aim?

Lifestyle

What is your occupation?

Does your occupation involve repetitive movement or prolonged postures? If so, please briefly explain _____

What other sports and/or hobbies are you involved in?

