

PILATES WITH ME – CLIENT ENROLMENT FORM

Please fill all sections. All Information will be treated in the strictest confidence

Venue : _____ Date: _____ Name and Surname: _____

Address: _____ Postcode: _____

Phone: _____ Emergency Contact: _____ Date of Birth: _____

Occupation: _____ Have you done Pilates before and where ? _____

Email: _____ How did you hear about me ? _____

Please read the questions carefully and answer each one as honestly as you can.		Yes	No
1	Are you on any medication that may affect you during the session? If you answered YES please give details		
2	Have you any illness/disabilities? Osteoporosis / Osteopenia Last ten years If you answered YES please give details		
3	Do you have any injuries or joint problems? Last ten years. If you answered YES please give details		
4	Are you pregnant or have you been pregnant in the last 6 months? If you have had a baby, How was it Delivered?		
5	A - Your exercise history (i.e. when you last exercised and what activity it was) B- What it is you are hoping to achieve from your class?		
6	Have you ever been recommended to take up Pilates by a Specialist / Medical practitioner e.g. Physiotherapist? AND DO YOU hereby give us permission to contact them? YES NO If you answered YES please give details and contact numbers if possible?		
7	Are there any other conditions that your teacher should be aware of? If you answered YES please give details :		

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Please advise us before commencing any session if , for any reason , your health or your ability to exercise changes. It is inadvisable to do Pilates between weeks 8 to 14 of pregnancy, It is also wise to wait six weeks after the birth before resuming exercise.

Pilates exercises are very safe but , as with all forms of physical exercise , it is prudent to consult your doctor. The teacher can accept no liability for personal injury related to participation in a session if :

- * Your doctor advised you against such exercise.
- * You fail to observe instructions on safety or technique.
- * Please inform your teacher immediately if you feel any discomfort during a session and also after a previous session.
- * Pain is the body's warning system and should not be ignored.
- * I understand Pilates exercises involve hands – on correction and I hereby consent for my teacher to work in this way , Let me know if you prefer alternative way as more verbal cue or demonstrations.
- * I confirm that I have read and understood the above advice and that the information I have given is correct.
- * I confirm that my teacher may use the contents of this form and any other information I may later provide for teaching purposes and that this information:
 - * Will be used in confidence and stored securely
 - * Will not in any circumstances be shared with a third party without my written consent, unless that party is another Pilates teacher who will teach me.
 - * May be retained by the teacher for a period of time such as complies with professional, legal and insurance requirements that they must fulfil.

I CONFIRM AGREEMENT FOR MY TEACHER TO CONTACT ME WITH INFORMATION ON CLASSES AND OTHER PILATES - RELATED ACTIVITIES .

By participating, I represent that I am in good condition, illness or disease that would make my participation in a progressive exercises program harmful to my self. I agree and acknowledge that participation is entirely at my own risk and hereby waive to the fullest extend permitted by law and any and all claims which I may have against Pilates With Me and Sera M. Dickens out of my participation in the above-referenced fitness workout and for any injuries sustained by me during such activities. I understand the policies of the Pilates With Me as stated above and will abide them.

All the questions above were answered to my full satisfaction. I am participating of my own free will and whilst every effort is made to keep the session both safe and enjoyable, I understand that as with any exercise programme there is a risk of injury.

Name for CLIENT : _____ Date _____ Signature _____

Teacher / M.SERAP DICKENS

Signature