



Pilates with Lynsey

CLIENT REGISTRATION FORM

PERSONAL DETAILS

NAME:

ADDRESS:

MOBILE/HOME NUMBERS:

EMAIL:

DATE OF BIRTH:

OCCUPATION:

SPORTS/HOBBIES:

EMERGENCY CONTACT DETAILS:

NAME:

RELATIONSHIP:

CONTACT TELEPHONE NUMBERS:

PART 1: YOUR BACKGROUND AND HEALTH

1. DOES YOUR WORK/EVERYDAY LIFE INVOLVE ANY OF THE FOLLOWING?

| | | |
|--------------------------|------------------------------|-----------------------------|
| SITTING FOR LONG PERIODS | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| DRIVING | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| BENDING | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| STANDING | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| LIFTING | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| OTHER | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

2. WILL THIS BE THE FIRST TIME YOU HAVE PRACTICED PILATES?

YES NO

IF NO, HAVE YOU PREVIOUSLY ATTENDED?

| | |
|--------------------|--------------------------|
| MATWORK CLASS | <input type="checkbox"/> |
| AT HOME (DVD/BOOK) | <input type="checkbox"/> |
| REFORMERS | <input type="checkbox"/> |
| 1 TO 1 | <input type="checkbox"/> |

3. NUMBER OF CLASSES ATTENDED PREVIOUSLY:

0-5 5-10 10-20 20+

4. HAS YOUR DOCTOR EVER SAID YOU HAVE ANY SORT OF HEART TROUBLE OR DEFECT?

YES NO

5. DO YOU FEEL PAIN YOUR CHEST WHEN YOU UNDERTAKE PHYSICAL ACTIVITY?

YES NO

6. DO YOU OFTEN GET HEADACHES?

YES NO

7. DO YOU HAVE HIGH BLOOD PRESSURE?

YES NO

8. DO YOU SUFFER FROM BACK OF NECK PAIN?

YES NO

9. ARE YOU OR COULD YOU BE PREGNANT NOW?

YES NO

10. HAVE YOU BEEN PREGNANT IN THE LAST SIX MONTHS?

YES NO

IF YOU HAVE HAD A BABY, HOW WAS IT DELIVERED?

NORMALLY CAESAREAN NORMALLY WITH INTERVENTION

11. DO YOU LOSE YOUR BALANCE BECAUSE OF DIZZINESS OR DO YOU EVER LOSE CONSCIOUSNESS, FEEL FAINT OR DIZZY?

YES NO

12. HAVE YOU HAD MAJOR SURGERY IN THE LAST 10 YEARS?

YES NO

13. HAVE YOU HAD MINOR SURGERY IN THE TWO YEARS?

YES NO

14. DO YOU SUFFER FROM DIEBETES, ASTHMA OR EPILEPSY?

YES NO

15. HAVE YOU EVER BEEN TOLD YOU HAVE ARTHRITIC JOINTS, OSTEOPOROSIS, OSTEOPENIA, OR ANY BONE OR JOINT PROBLEM THAT MAY BE MADE WORSE BY EXERCISING?

YES NO

16. DO YOU HAVE PAIN OR RESTRICTED MOVEMENT IN ANY OTHER JOINT (EG: HIP, KNEE, ANKLE, SHOULDER)?

YES NO

17. HAVE YOU EVER BEEN DIAGNOSED AS HYPERMOBILE?

YES NO

18. ARE THERE ANY MOVEMENTS THAT CAUSE YOU PAIN?

YES NO

19. ARE YOU TAKING ANY DRUGS OR MEDICATION WHICH MAY AFFECT YOUR ABILITY TO EXERCISE?

YES NO

20. HAVE YOU EVER BEEN RECOMMENDED TO TAKE UP PILATES BY A SPECIALIST PRACTITIONER?

YES NO

IF YES, BY YOUR: GP PHYSIOTHERAPIST CHIROPRACTOR OESTEOPATH OTHER

DO YOU HEREBY GIVE ME PERMISSION TO CONTACT THEM?

YES NO

IF YES, PLEASE STATE THEIR NAME AND CONTACT NUMBER:

PRACTITIONERS NAME:

PRACTISE TELEPHONE:

PART 2: FURTHER INFORMATION

PLEASE USE THE SPACE BELOW TO GIVE ANY RELEVANT FURTHER INFORMATION ON HEALTH ISSUES ADDRESSED IN THIS QUESTIONNAIRE. PLEASE ALSO LIST ANY HEALTH PROBLEMS YOU SUFFER FROM THAT ARE NOT ALREADY MENTIONED, THAT MAY AFFECT YOUR ABILITY TO EXERCISE. IF YOU HAVE ANSWERED YES TO ANY OF THESE QUESTIONS, I ADVISE YOU CONSULT WITH YOUR MEDICAL PRACTITIONER BEFORE YOU START PILATES CLASSES.

PART 3: TERMS AND CONDITIONS

PLEASE READ PRIOR TO ATTENDING PILATES WITH LYNSEY AND LET ME KNOW IF YOU HAVE ANY FURTHER QUESTIONS.

1. Classes are pre-paid at the beginning of each term.
2. Classes are offered to existing clients in the first instance prior to each term. After the cutoff date spaces will be offered externally on a first come first served basis.
3. If for any reason you are unable to make your class, there is an option (provided there is availability) to swap to another session, please check availability, by contacting me via, phone or email.
4. If for any reason you are unable to make you class please contact me asap, spaces can then be used for others wishing to make up from their missed sessions.
5. Missed classes cannot be carried over to another term.
6. No Shows cannot be carried over to another Class.
7. If you are unable to make a class you may send a friend in your place, please let me know prior to the session so I can send them and welcome them.
8. All classes run for approximately 1 hour.
9. Please arrive 5 minutes before each class.
10. Any change to your health should be discussed prior to each class.
11. Please turn mobile phones to silent or vibrate during the classes, thank you.
12. Pilates with Lynsey takes no responsibility for loss or damage to personal items.

PART 4: PAYMENT INFORMATION

Payment is due prior to the start of the term you are booking.
Payment can be made by CASH or BACS. (NO Cheque's please)
Please contact me for Bank Details.

Classes are charged at £9.50 per session for block bookings and £12.00 for one offs.

Terms are 6-8 weeks. (please contact me to confirm how many weeks in the term you are booking)

Cancellations after the Cut-off date are charged at 2 weeks' notice (£19.00)

PAYMENT AND THIS FORM MUST BE SUBMITTED A WEEK PRIOR TO YOUR FIRST CLASS.

Please appreciate that I am a small business and would prefer to put my attentions to providing professional Classes that you would like to continue to attend, rather than having to chase monies. By paying on time and helping me with the administration you help me to run Pilates with Lynsey smoothly and give me more time to put to planning our sessions. Thank you for your support, many thanks.

PART 5: IMPORTANT INFORMATION

Pilates exercise are very safe but, as with all forms of physical exercise, it may be advisable to consult your doctor before starting Pilates sessions.

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 medical practitioner. Lynsey can accept no liability for personal injury related to participation in a session.

Please observe safety and technique instructions throughout the class.

Exercise 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 Lynsey immediately if you feel any discomfort during a session and if you felt any discomfort from a previous session.

DISCLAIMER AND SIGNATURE

I CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE, AND THAT I TAKE FULL RESPONSIBILITY FOR MY OWN HEALTH AND WELLBEING WHILE ATTENDING PILATES.

I UNDERSTAND THAT PILATES WITH LYNSEY INVOLVES HANDS-ON CORRECTION AND I HEREBY CONSENT FOR MY INSTRUCTOR TO WORK IN THIS WAY.

I CONFIRM THAT I HAVE READ THE TERMS AND CONDITIONS AND UNDERSTOOD THE ADVICE GIVEN.

SIGNED:

DATE: