

Client Registration

Instructor: Nikki Leslie, Kinesis Pilates Essex



Please read carefully and complete all sections.

Physical Activity Readiness Questionnaire (PAR-Q)

Please tick **YES** or **NO** to the following:

- Has your doctor ever said you have a heart condition and advised you to only do physical activity under medical supervision? _____ ☐ Yes ☐ No
- Do you feel pain in your chest when performing physical activity? _____ ☐ Yes ☐ No
- In the past month, have you had chest pain when not doing physical activity? _____ ☐ Yes ☐ No
- Do you lose balance due to dizziness or ever lose consciousness? _____ ☐ Yes ☐ No
- Do you have a bone or joint problem (e.g., back, knee, hip) that could worsen with exercise? _____ ☐ Yes ☐ No
- Are you currently pregnant or postnatal (up to 6 months)? _____ ☐ Yes ☐ No
- Do you have asthma, diabetes, epilepsy, or any other long-term medical condition? _____ ☐ Yes ☐ No
- Are you taking any medication that may affect your ability to exercise safely? _____ ☐ Yes ☐ No
- Do you know of any reason you should not take part in physical activity? _____ ☐ Yes ☐ No

If you answered YES to one or more questions, please consult your doctor before participating.

Client Declaration

I confirm the above answers are correct to the best of my knowledge and I will inform my instructor of any changes to my health or medication. I understand that Pilates is a physical activity, and while every care is taken to ensure safety, participation is at my own risk.

PLEASE TICK

- ☐ I take full responsibility for my own health and wellbeing during sessions.
- ☐ I will work within my limits and stop any exercise that causes pain or discomfort.

Terms & Conditions

1. **Suitability:** All clients must complete this form before their first session. Sessions are open to individuals aged 16+ unless otherwise agreed.
2. **Health & Safety:** It is your responsibility to inform the instructor of any injuries, medical conditions, or changes in health.
3. **Cancellations & Refunds:** Please give at least 24 hours' notice to cancel. Late cancellations may not be refunded.
4. **Payment:** Classes must be paid in advance unless agreed otherwise. No refunds for missed classes without notice.
5. **Video Recording:** Live classes may be recorded for replay. By participating, you consent to this unless you advise otherwise.
6. **Liability:** Pilates Essex and its instructor accept no liability for injuries or health issues that occur from participating in sessions if the guidelines are not followed.
7. **Privacy:** Your data is stored securely and used only to contact you about classes. It will never be shared without your consent.

Name: _____

Contact number: _____

Email address: _____

Signature: _____

Date: ____/____/____

Emergency Contact Name: _____ Phone _____

I would like to be added to the exclusive **Kinesis Club WhatsApp group** to receive Wellness tips, guidance and updates in a supportive community.