

**Personal Details**

|                 |             |           |
|-----------------|-------------|-----------|
| Name:           | Email:      |           |
| Address:        | DOB:        | Age:      |
|                 | Occupation: | Children: |
| Tel. No. (Day:) | (Night:)    |           |

**How did you hear about us?**

**Yes / No** Have you previously practised Pilates? (If **Yes** then please indicate)

|   |                                 |             |              |            |
|---|---------------------------------|-------------|--------------|------------|
| 1. <b>Equipment</b> and / or <b>Matwork</b> | 2. Number of previous sessions: | <b>0-10</b> | <b>10-20</b> | <b>20+</b> |
|---|---------------------------------|-------------|--------------|------------|

Which of our courses do you wish to join? **Beginner / Continuation**

**Dates:** **Day:** **Time:**

**Which aspects of your health do you wish to concentrate on? (Please circle)**

Core    Flexibility    Posture    Toning    Strength    Back/Shoulder problems    Stress management    Relaxation

Other (please explain) \_\_\_\_\_

**Current Health Status**

**Yes / No** Do you have any injuries or musculoskeletal problems?  
If **Yes** please give us further information on the location of your injury and, if known, the diagnosis.

Do you suffer from any of the following?

- Yes / No** Diabetes  
**Yes / No** High Blood Pressure  
**Yes / No** Arthritis  
**Yes / No** Heart problems  
**Yes / No** Osteoporosis  
**Yes / No** Asthma  
**Yes / No** Epilepsy

Is there anything else in your medical history that we should be aware of?

**Your Pregnancy History**

Have you had a baby in the last year? **Yes / No**  
 Are you pregnant? **Yes / No**

**Liability Release Form**

As a participant of this Pilates course, I intend to engage in physical activity. I acknowledge that these activities involve certain risks and I understand that by participating in a class I voluntarily assume the risks. I will take full responsibility for my safety in the class and I have disclosed any relevant health conditions.

Date: \_\_\_\_\_ Signature \_\_\_\_\_

IF UNDER 18 YEARS OF AGE

As legal guardian of \_\_\_\_\_, I agree to the above conditions.