



## BOOKING FORM

### Personal details

Name: ..... Address: .....  
Home phone:.....  
Mobile phone:.....  
Email:.....  
Occupation:.....

### Background and health

Is this the first time you have practiced pilates? **Yes/no** If not, how many classes have you attended?.....

What other physical activities do you enjoy?.....

Do you suffer with any of the following?:

High/low blood pressure	<b>yes/no</b>	Diabetes	<b>yes/no</b>
Asthma	<b>yes/no</b>	Epilepsy	<b>yes/no</b>

Do you have arthritis or osteoporosis? If so please give details.....

Do you suffer neck, back or joint pain? If so please give details.....

Do you suffer with any other condition which you feel your pilates instructor should be made aware of?.....

Have you ever been diagnosed as hypermobile?.....

Has a specialist (osteopath, chiropractor, physio, GP) referred you to pilates?.....

How did you hear about us?.....

### What are your goals relating to pilates?

In next 3 months.....

In next 12 months.....

### Cautions

If you have any health concerns, it is your responsibility to consult your doctor before embarking on a course of exercise

Exercise should never be painful, please inform your instructor immediately if you experience pain in class. Please inform your teacher of any health related issues not covered above, such as: operations, palpitations, dizziness etc.

The instructor accepts no liability for personal injury suffered in class if:

You have been advised by your GP/specialist not to undertake pilates  
You fail to follow instructions on safety or technique

In signing this form, I confirm that I have read and understood the above and that the information is correct. I also understand that this information is strictly confidential and will only be used for the purposes of my pilates instruction.

**PLEASE NOTE: Missed classes are not refundable. Classes missed can be made up in a similar standard class in the half term block paid for with prior arrangement with your instructor.**

Signed.....

Date.....