

PILATES REGISTRATION FORM

Name			
Address & Postcode			
Date of birth		Age	
Phone			
Email			
Would you like to be on the mailing list to receive a weekly/fortnightly email about a variety of health related topics? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Occupation			
Emergency Contact (name, relationship & phone number):			
Who may I thank for referring you or where did you find my details?			
Have you done Pilates before? If so, when and what level e.g. beginner?			
What would you like to achieve through Pilates?			
What is it about the class/studio environment that is important to you?			
Please provide further information on any of the following issues that affect you:			
High/Low Blood Pressure			
Epilepsy			
Heart conditions			
Respiratory Problems			
Back or neck pain			
Headaches/migraines			
Joint pain or other joint issue			
Current/recent pregnancy			
Recent Injuries or Accidents			
Other			

Please Read Carefully Before Signing

By signing this form, I indicate a willingness to accept responsibility for my physical, emotional and mental wellbeing during and after the Pilates class, and accept any result of the movements conducted within the class, without holding the practitioners liable for any circumstance, condition or aggravation thereof that those movements may have influenced or caused.

Signature..... **Date**/...../.....