

Hi!

Thank you for your interest in the McLaren Flat Pilates classes. The class is on Tuesday at 6pm, is 60mins and caters for beginner-intermediate level. This means that various options will be provided for the exercises so you can take it easy or challenge yourself when appropriate!

What to bring to your class:

- Completed registration form, see attached (or email back)
- Pilates/yoga mat
- Water bottle
- Handtowel

What to wear:

- Comfortable clothing that allows ease of movement e.g. leggings, long shorts, trackpants, t-shirt, singlet.
- You can wear socks or bare feet.

Payment options:

- Single class \$18 - pay on the day (cash or eftpos)
- 5 class pass \$75 (\$15/class) - use within 8 weeks*, prepaid
- 10 class pass \$120 (\$12/class) - use within 16 weeks*, prepaid

*The 8 or 16 weeks does not include scheduled time off such as public holidays. It only includes weeks when there is a class but you cannot attend ☺

To Enrol:

1. Reply to this email and let me know what date you would like to start.
2. Enrolment for class passes is confirmed on receipt of payment that can be made by credit card over the phone or EFT to:

Account Name: Carla Evans

BSB: 06 5156

Acc: 1044 5210

Reference: Your name

Address and directions to the McLaren Flat class:

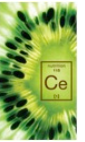
- McLaren Flat Soldiers Hall, McLaren Flat Recreation Ground, Main Rd McLaren Flat, SA 5171.
- The class is held in the trophy room at the McLaren Flat Soldiers Hall.
- Entrance is via the side of the hall next to the bowling green. You can either park out the front or around the back via the McLaren Flat Recreation Ground driveway.

Please let me know if you would like any further information.

I look forward to seeing you soon!

Warm regards,

Carla Evans



PILATES REGISTRATION FORM

Name			
Address & Postcode			
Date of birth		Age	
Phone			
Email			
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			

Would you like to be on the database to receive occasional emails about future events and workshops relating to Pilates, Kinesiology and/or Nutrition? **Yes/No**

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**/...../.....