

# Client Enrolment Form

ALL INFORMATION WILL BE TREATED IN STRICTEST CONFIDENCE



pilates works  
STRENGTH FROM THE CORE

## PERSONAL DETAILS:

Title: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Gender: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

## EMERGENCY CONTACT DETAILS:

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

## GP DETAILS:

GP Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## YOUR AIMS:

1. Which class are you attending?

Pilates  Yoga  TRX  Reformer  Other

2. Will this be the first time that you have been to one of these classes?

Yes  No

If no, how many classes have you attended ?

0-5  5-10  10-20  20+

3. What aspect of your health would you like to concentrate on?

Core Stability  Flexibility  Posture  
 Strength  Relaxation  Stress Management  
 Other (please specify): \_\_\_\_\_

4. What longer-term health or physical goals would you like to achieve?\*

5. Please state how you heard about us:

## YOUR LIFESTYLE:

1. What is your occupation?

2. Does your occupation involve repetitive movement or prolonged postures? If so, please explain:\*

3. What other sports/hobbies are you involved in?\*

## YOUR HEALTH:

1. Are you currently experiencing or have you ever been diagnosed with any of the following conditions?

Back pain  Pelvic pain  Neck pain  
 Other spinal condition  Osteoporosis  
 Osteopenia  Other orthopaedic condition  
 Heart problems  High or low blood pressure  
 Epilepsy  Asthma  Diabetes  
 Stroke  Arthritis  Bronchitis  
 Low mood  Headaches  Dizziness  
 Hypermobility  Parkinsons  MS

If you have ticked any of the above, please give details:\*

2. Are there any positions/movements that cause you pain?\*

3. Are you taking any medication which may affect your ability to exercise? If yes, please provide details:\*

4. Have you had any major injuries or surgery?

Yes  No If yes, please give details:\*

5. Are you, or could you be pregnant now?

Yes  No

If yes, when is your due date?      /      /

6. If you have had a baby, how was it delivered?

Vaginal  Caesarean  Vaginal with intervention (eg forceps)

\*NB If you need more space to provide further details regarding your aims, lifestyle or health, please use the blank page overleaf.



# Class Participation Informed Consent

**Please advise us before commencing any session if, for any reason, your health or your ability to exercise changes. If you have answered YES to any questions in the HEALTH SECTION on the enrolment form, we advise you to consult with your medical practitioner before you start classes.**

It is inadvisable to do Pilates between weeks 8-14 of pregnancy, unless by special arrangement with your teacher. It is also wise to wait six weeks after the birth before you resume exercise.

If undertaking a studio/equipment-based class you should not attempt to adjust or interfere with any of the equipment.

Pilates and yoga exercises are very safe but, as with all forms of physical exercise, it is prudent to consult your doctor before starting Pilates or Yoga sessions.

Whilst every care will be taken to ensure your safety during classes, it is impossible to predict the body's exact response to exercise. The teacher may stop the class because of signs of fatigue or excessive strain.

Exercise should be performed at a pace which feels comfortable for you. It is important for you to realise that you may stop when you wish because of feelings of fatigue or any other discomfort.

These sessions are not a substitute for medical counselling or treatment. If you have any doubts about the suitability of the exercises, you should refer back to your medical practitioner. The teacher can accept no liability for personal injury related to participation in a session if:

- Your doctor has, on health grounds, advised you against such exercise
- You fail to observe instructions on safety or technique
- Such injury is caused by the negligence of another participant in the class/studio.

I understand that the classes can involve hands-on correction and I hereby consent for my teacher to work in this way.

I confirm that I have read and understood the above advice and that the information I have given is correct.

I confirm that my teacher may use the contents of this form, and any other information I may later provide, for teaching purposes, and that this information:

- will be used in confidence and stored securely.
- will not, in any circumstances, be shared with a third party without my written consent, unless that party is another instructor who will teach me.
- may be retained by the teacher for a period of time such as complies with professional, legal and insurance requirements that they must fulfil.

I confirm agreement for my teacher to contact me with information on classes and other Pilates-related activities, and understand that I have the right to withdraw this 'consent to be contacted' at any time.

Signed: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Print Name: \_\_\_\_\_

*Thank you for completing this form. Please return the completed form to your teacher before your class.*