

Name: _____ Home Tel: _____

Email Address: _____ Mobile: _____

Date of Birth: _____ Height: _____ Weight: _____

How did you hear about Sale Pilates? _____

Have you taken Pilates before? Yes/No If 'yes' where? _____ How long? _____

Do you have any current injuries, aches, pains or health concerns? Yes/No

Please circle any that may apply:

Joint Problems Osteoporosis/Osteopenia Heart Problems Pregnancy High Blood Pressure

Shortness of breathe Diabetes Vertigo Scoliosis Asthma Seizures

If 'yes' to any of the above, please explain: _____

Cancer: please describe: _____

Back Pain: please describe: _____

Recent surgeries: _____

Current Medication: _____

Do you have any other health concerns that you would like to share? Yes/No

If 'yes' please explain: _____

What is your current exercise program? _____

What are your goals? What would you like to achieve from your Pilates class? _____

ACKNOWLEDGE OF RISK & WAIVER

Whilst I acknowledge that every effort is made to keep the class safe and enjoyable, I am participating of my own free will and, as with any exercise program, I acknowledge that there is a risk of injury. I understand that I am responsible for monitoring my own condition throughout the session and that should any symptoms occur, I will cease any participation and inform the instructor.

I understand that there will occasionally be a stand-in teacher.

I agree that my image may be used for promotional purposes: Yes/No

I would like to be added to the Sale Pilates/Well for Being Newsletter: Yes/No

SIGNED: _____ DATE: _____

Emergency Contact: Name: _____ Contact No: _____

The information contained in this form will be treated as private & confidential. Your contact details will be Used to keep you informed of any changes to current classes or to provide other relevant information.