

Client Enrolment Form

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All information will be treated in strictest confidence

Personal Details

Name: _____

Address: _____

Postcode: _____



Date of birth: _____

Occupation: _____

Sports/hobbies etc: _____

Emergency Contact

Name: _____

PART 1: Your background and health

1) Does your work/sport involve *(circle all that apply)*

Sitting for long periods Bending

Driving Standing

Lifting heavy weights Repetitive movement

2) Have you practiced Pilates previously?

YES NO

If YES, you have attended *(circle all that apply)*

Matwork classes Studio sessions

Home (DVD/video etc)

Number of sessions attended: _____

Teacher: _____

3) Has your doctor diagnosed you heart trouble or a defect?

YES NO

4) Do you feel pain in your chest when you undertake physical activity?

YES NO

5) Are you or could you be pregnant?

YES NO

If YES, your due date is: _____

6) Have you been pregnant in the last 6 months?

YES NO

7) If you have had a baby, the delivery was?

Normal Caesarean

Normal with intervention (eg forceps)

8) Do you often get headaches?

YES NO

9) Do you lose balance because of dizziness, lose consciousness, feel faint or dizzy?

YES NO

10) Is your blood pressure:

NORMAL HIGH LOW

PART 1: Your background and health continued

11) Have you had surgery in the last 10 years?

YES NO

17) Are there any movements that cause you pain?

YES NO

12) Do you have *(circle all that apply)*

Asthma Diabetes Epilepsy

18) Are you taking any medication which may affect your ability to exercise?

YES NO

13) Have you been told you have arthritic joints, osteoporosis, osteopenia or bone/joint problems which exercise may make worse?

YES NO

19) Has Pilates been recommended by a medical practitioner?

YES NO

14) Do you suffer back or neck pain?

YES NO

If YES, by: *(circle all that apply)*

GP Physiotherapist

Chiropractor Osteopath

15) Do you have pain and/or stiffness in other joint/s (eg hip, ankle, knee, shoulder)?

YES NO

Other: _____

16) Have you been diagnosed as hypermobile?

YES NO

20) If you give your permission to contact them please state:

Practitioner: _____

☎: _____

Please list any health problems, not already mentioned, that may affect your ability to exercise. If you answered YES to any question/s between 3 – 19 I advise that you consult your medical practitioner before starting Pilates. Please give further details below to those questions which you ticked YES.

PART 2: Your goals

What are your reasons for starting Pilates?

What health or physical goals would you like to achieve over the next 3 months?

What longer-term health or physical goals would you like to achieve over the next 12 months?

Other than Pilates are you doing anything else to achieve your stated goals?

PART 3: Important information

Please inform me before commencing any session if for any reason your health or ability to exercise changes.

It is inadvisable to do Pilates between 8-14 weeks of pregnancy unless by special arrangement. It is advisable to wait 6 weeks after a normal delivery before resuming. If you delivered by other means eg Caesarean, consult your medical practitioner.

Pilates exercises are safe but, as with all forms of physical exercise, it is prudent to consult your doctor before starting.

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

- *Your medical practitioner has, on health grounds, advised you against such exercise.*
- *You fail to observe instructions on safety and/or technique.*
- *Injury is caused by the negligence of another participant in the same session.*

*Each exercise should be performed at a pace which feels comfortable for you. PAIN is the body's warning system and **SHOULD NOT BE IGNORED**. Please inform me immediately if you feel discomfort during a session. Also inform me if you felt discomfort after a previous session.*

I understand that Pilates exercises involve hands-on correction and I hereby give 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.

Signed:

Client: _____ Date: _____

Teacher: _____ Date: _____

PART 4: Terms and Conditions

- *Sessions must be started and finished punctually.*
- *Clients may not participate in a session if they have recently drunk alcohol or used other non-medical substances.*
- *Clients may join classes only after attending at least one 1-1 induction class. 1-1 sessions and classes must be booked and paid for in advance at a cost of £40.00 per session for 1-1 sessions or £58.00 per 7 week course of classes. The payment is non-refundable.*
- *Missed and paid for class sessions may be "made-up" by booking in advance on one of the other sessions in the published timetable at no extra charge, dependent upon availability. Sessions cannot be "made-up" within the usually attended class. Sessions must be "made-up" within 2 terms of the missed session. Missed classes cannot be made up through private tuition.*
- *Clients should wear appropriate workout clothing eg tights, leggings, joggers etc. Baggy clothes, jeans and shorts are not appropriate. Avoid zips and buckles as these may damage the equipment and can be uncomfortable. Long hair should be tied up. Chewing gum or sucking sweets is not permitted.*
- *The use of mobile phones is not permitted during the classes and these should be set to silent at all times.*
- *Cancellations for 1-1 sessions must be received at the earliest opportunity and not normally less than 48 hours in order that sessions may be redeployed. Clients must expect to pay for any session missed or cancelled with less than 24 hours' notice.*

I have read and agree to the above conditions

Name (CAPITALS): _____

Signed: _____ Date: _____

