

My Pilates

Name _____ D.O.B. _____
Address _____
Phone #(H) _____; ((M) _____
Email address: _____
Name & contact number of person in case of emergency: _____
Relationship _____

Pilates Aims:

Why have you decided to commence Pilates ,Barre,Yoga or other ?

Are you suffering with any current problems or conditions (if so please specify):

Lifestyle:

What is your occupation?

Does your occupation involve repetitive movements or prolonged postures? (If yes please briefly explain)

Other Sports/Hobbies:

How did you hear about us? _____

Please note: The Pilates program will begin at a low level and will be advanced in stages depending on your fitness level. It is important for you to realize that you may stop when you wish because of feelings of fatigue or any other discomfort. Risks when exercising may include abnormal blood pressure, fainting, irregular, fast or slow heart rhythm, and in rare instances, heart attack, stroke or death. While every care will be taken, it is impossible to predict the body's exact response to exercise. Every effort will be made to minimize these risks by evaluation of preliminary information relating to your health and fitness and by observations during exercising.

Signature: _____

Date _____