



ENROLMENT FORM BODY CONTROL PILATES®

PERSONAL DETAILS:

Date of Birth: _____

Name: _____

Sex: Male / Female

Address: _____

Occupation: _____

Sports/Hobbies: _____

Emergency Contact Details

Postcode: _____

Name: _____

Home Tel: _____

Home Tel: _____

Mobile: _____

Mobile : _____

Email: _____

Your Background and Health

1. Does your work/sport involve any of the following? (Please tick)

- Sitting for long periods
- Driving
- Bending
- Standing
- Lifting Heavy Weights
- Any other repetitive action

2. Will this be the first time that you have practised Pilates?

Yes No

If NO please provide details:

3. Do you have any heart trouble or defect? Yes No

4. Do you suffer from arthritis or any joint or bone problem? Yes No

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

5. Are you pregnant or have been in the last 6 months ? Yes No

6. Do you suffer from recurring headaches or lose your balance because of dizziness? Yes No

7. Is your blood pressure:

High ? Normal ? Low ?

If you have answered "Yes" to any of the above and are willing to give details please do so: _____

YOUR BACKGROUND & HEALTH CONTINUED

8. Have you had any surgery in the last two years ? Yes No

9. Do you suffer from asthma, diabetes, or epilepsy? Yes No

10. Do you suffer from back or neck pain? Yes No

11. Do you have nay pain or restricted movement in any other joints ?
 Yes No

12. Have you been diagnosed as hypermobile (excessive joint mobility)?
 Yes No

13. Are there any movements that cause you pain? Yes No

14. Have you been referred to Pilates by a specialist practitioner?
 Yes No

If YES, by your:

GP

Physiotherapist

Chiropractor

Osteopath

other _____

15. If req'd do you give us permission to contact them? Yes No

If YES please state their name and contact number: _____

If you have answered "Yes" to any of the above and are willing to give details please do so below. Please list any health problems you suffer, not already mentioned, that may affect your ability to exercise and any other relevant details:

What are your reason for taking up Pilates and what do you hope to achieve?

Please advise us before commencing any session if, for any reason your ability to exercise changes. It is inadvisable to do Pilates between weeks 8 to 14 of pregnancy, unless by special arrangement with your teacher. It is also wise to wait six weeks after the birth before resuming exercise.

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

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 against such exercise.
- you fail to observe instructions on safety and technique.
- such injury is caused by negligence of another participant in the class/studio.

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 your teacher immediately if you feel any discomfort during a session. Please also inform the teacher if you felt any discomfort after a previous session.

I understand that Body Control Pilates involves hands-on correction and I hereby give consent for my teachers 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 _____ **Date** _____