

# Pointe Pilates

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## Enrolment Form

Name:
Address:
Postcode:
Telephone No:
Date of Birth:
Occupation:
Sports/Hobbies:
Preferred class Day & Time:

Does your work / sports involve any of the following ?

Please tick the appropriate boxes.

- |                          |                          |
|--------------------------|--------------------------|
| Sitting for long periods | <input type="checkbox"/> |
| Standing                 | <input type="checkbox"/> |
| Bending                  | <input type="checkbox"/> |
| Lifting Heavy Weights    | <input type="checkbox"/> |
| Driving                  | <input type="checkbox"/> |

- Do you have any heart defect/trouble that you know of ?
- Do you have arthritis or any bone or joint problems ?
- Are you pregnant or have had a baby in the last year ?
- Have you had any operations or injuries in the last year ?
- Is there any reason that has not been mentioned that would prevent you from exercising ?
- Do you suffer from backache ?
- Is your blood pressure normal ?
- Have you ever been given remedial exercises ?
- Are there any movements that cause you pain ?
- Do you wish to strengthen a particular area ?
- Any further details or comments ?

Please let me know if your circumstances change especially if your ability to exercise has changed. It is inadvisable to do pilates between weeks 8 to 12 of pregnancy, unless by special arrangement with me. 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 classes. The classes 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. I can accept no liability for personal injury related to participation in a class if:

- (a) your doctor has, on health grounds, advised you against such exercise.
- (b) you fail to observe instructions on safety or technique.
- (c) such injury is caused by the negligence of another participant in the class.

Signed: ..... Date: .....

FOR OFFICE USE ONLY
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