

The Pilates Workshop Enrolment Form

Name:	Address:
Phone (H):	
Phone (M):	Postcode:
DOB:	Occupation:
Email:	

EMERGENCY CONTACT:

Name:
Phone:
Relationship:

Have you done Pilates before? No / Mat / Equipment Where?
What exercise do you currently do?
Where did you hear about THE PILATES WORKSHOP?

DO YOU CURRENTLY SUFFER FROM:

Lower back Pain	Y / N	How often?
Upper back pain	Y / N	How often?
Neck Pain	Y / N	How often?
Joint Pain	Y / N	Where?
Numbness/tingling?	Y / N	Where?
Arthritis	Y / N	Where?
Diabetes	Y / N	
Fibromyalgia	Y / N	
Osteoporosis	Y / N	
High blood pressure	Y / N	
Low blood pressure	Y / N	
Headaches/Migraines	Y / N	
Have you been treated for cancer?	Y / N	When?
Are you at risk of Lymphedema?	Y / N	
Previous surgeries?	Y / N	When?
Any other aches/pains/conditions?		
Are you being treated by any other health care professionals?	Y / N	
Please give their details if you are happy for us to contact them:		
What intensity would you like your Pilates workout to be? (Easy) 1 2 3 4 5 (Hard)		
What do you hope to gain from Pilates?		
Do you have any fitness goals?		

(LADIES ONLY) Are you currently pregnant?	Y / N	(If you answered yes, please fill in additional form)
(LADIES ONLY) How many weeks pregnant?		Additional comments:
(LADIES ONLY) Have you given birth in the last 6 months?	Y / N	(If you answered yes, please fill in additional form)
(LADIES ONLY) If you have <u>EVER</u> given birth?		Additional comments:
(LADIES ONLY) How many children do you have and what are their ages?		Additional comments:
(LADIES ONLY) Do you know if you have Abdominal Separation?	Y / N / Not sure	Additional comments:
(LADIES ONLY) Do you have issues with pelvic floor when sneezing, coughing, running, jumping?	Y / N	Additional comments:
(LADIES ONLY) Are you menopausal?	Y / N / Starting / Finished	Additional comments:

**** For hygiene reasons we ask you wear a clean pair of socks to each class and wipe down equipment with spray provided after use ****

Your Pilates program will begin at a low level and will be advanced in stages depending on your fitness level. You are entitled to stop whenever you wish if you feel tired or experience any discomfort.

I _____ confirm that I have provided the correct information on the enrolment form to minimise any risk. (Please advise us before commencing any session if, for any reason, your health or your ability to exercise changes.)

While every care is taken in teaching equipment Pilates, these exercises are not without risk. I acknowledge I have voluntarily elected to participate in an exercise program with THE PILATES WORKSHOP and will not hold them responsible for any personal injury, loss or damage resulting from my participation in any proposed exercise program.

I am aware my picture may be taken during class and used on social media for promotional purposes only.

If you do NOT wish to have your photo taken, please tick

If you do NOT wish to join our mailing list, please tick

I am aware that THE PILATES WORKSHOP operates a **12-HOUR CANCELLATION POLICY** for group classes and a **24-HOUR CANCELLATION POLICY** for private and semi-private bookings. I acknowledge that if I cancel within this period, or fail to attend my booking, I will be charged in full and forfeit that session. If I have a 'Unlimited Group Class Pass Membership' I will also be charged \$10 for each cancellation within the 12-hour notice or if I fail to attend my booking.

I have read and I agree to the terms and conditions.

SIGNED: _____

DATE: _____

PLEASE BE AWARE THAT PILATES IS A VERY HANDS-ON METHOD AND YOUR INSTRUCTOR WILL OFTEN CORRECT YOUR ALIGNMENT USING THEIR HANDS AND TACTILE CUES. IF YOU ARE NOT COMFORTABLE WITH THIS, PLEASE LET YOUR INSTRUCTOR KNOW.