

DY Pilates

PERSONAL DETAILS

Name	Date of Birth
Address:	Postcode:
Home Tel No:	Work Tel No:
Mobile Tel No:	Email:
Contact in case of emergency:	
How did you hear about us?	
Occupation:	
Current exercise regime:	

PILATES GOALS

Have you done Pilates before?			
What would you like to achieve through Pilates?			
Highlight aspects of your fitness you would like to concentrate on:			
Core stability	Flexibility	Posture	Strength
Relaxation	Stress management	Toning	Rehabilitation

HEALTH

Have you had any of the following during the past 6 months? (delete as applicable)		
High Blood Pressure	Osteoporosis	Neck problems
Heart/Circulatory Problems	Stomach Problems	Joint problems
Epilepsy	Asthma	Back problems
Diabetes	Arthritis	Have you had recent surgery?
If the answer to any of the above is YES, please provide details		
Are you pregnant, or trying to get pregnant?	Do you smoke?	
Detail other medical conditions which might affect your ability to exercise?		
Current Medications	Current Therapy or Medical Care:	

DY Pilates

Please advise us before commencing any session if, for any reason, your health or ability to exercise changes.

DY Pilates can accept no liability for personal injury related to participation in a session if:

- Your doctor has, on health grounds, advised you against such exercise
- You fail to observe instructions on safety or technique
- Such injury is caused by the negligence of another participant in the class

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 your teacher if you felt any discomfort after a previous session.

I confirm that I have read and understood the above advice and that the information I have given is correct.

Your data will be held on file whilst you are a client and for 6 months after you have finished with us, when it will be destroyed/deleted. We contact clients via e mail/text, telephone to advise of class information and to confirm bookings. We do not share your information with any third parties. By signing below you are agreeing to us holding your information and to us contacting you regarding your booking where necessary.

NAME (CAPITALS).....

Signed **Date**/...../.....