

## Client Enrolment form

All information will be treated in the strictest of confidence.

<p>Name</p> <p>Tel</p> <p>Mobile</p> <p>Address</p> <p>Emergency contact name</p>	<p>Email</p> <p>Date of birth</p> <p>Occupation</p> <p>Sport/ hobbies</p> <p>Emergency contact no</p>
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## Your background & your health

<p>Will this be the first time you've practiced Pilates?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Has your doctor said you have any heart trouble or defect?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Are you, or could you be, pregnant now? How many months?</p> <p>Have you been pregnant in the last year?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Do you often get headaches or dizziness?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Do you suffer from back or neck pain?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Do you suffer from any joint problems or restricted movements (eg hip, knee, shoulder, ankle)?</p> <p>Are there any movements that cause you pain?</p>
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## Your background & your health

<p>Is your blood pressure high <input type="checkbox"/> low <input type="checkbox"/> normal <input type="checkbox"/></p> <p>Do you have any respiratory problems? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Are you diabetic? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Do you have a chronic or serious illness? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Have you had any operations or injuries in the last 4 years? If yes, what</p>	<p>Have you been told that you have arthritic joints, osteoporosis, osteopenia or any joint or bone problems that may be made worse by exercising? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Have you been diagnosed as hypermobile (excessive joint mobility)? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Have you ever been given remedial exercises?</p> <p>Have you been recommended to take up Pilates by a specialist practitioner?</p>
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## Your aims

Which aspects of your health do you wish to concentrate on?

Core  toning  strength  stress management  balance   
flexibility  posture  relaxation  back/ shoulder problems  pelvic floor

What health or physical goals would you like to achieve?

Please tell us where you heard about Pure Moves .....

Would you like to receive our newsletter (emailed half termly) about the classes and workshops run at Pure Moves? We will never pass on your information to any 3<sup>rd</sup> party.

Yes please / No thanks

## Important information/ liability release form

As a participant in Pilates, I intend to engage in physical activity. I acknowledge that these activities involve certain risks and I understand that by participating in a class I voluntarily assume the risks. I will take full responsibility for my safety in the class and I have disclosed any relevant health conditions.

Please advise us if your health or ability to exercise changes, before the start of every session.

Pilates are no 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 not given you medical clearance to exercise/to continue to exercise
- You fail to observe or wait to listen for instructions on safety and technique (or you ignore any advice or warnings given by your instructor)
- Such injury is caused by the negligence of another participant in the class

The exercises, and the transitions between exercises, 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, dizziness, nausea or pain during the session. Please also inform the teacher if you felt any discomfort after a previous session.

By signing this document you are confirming that you:

We advise against doing Pilates between 6 – 14 weeks of pregnancy. Please wait until after your six week check when your doctor has confirmed it is safe to resume exercise. We are unable to teach women who are pregnant in mat classes, however, equipment classes may be offered in lieu where class sizes are small, and it is possible to make adjustments to exercises as a pregnancy term progresses.

- understand that Pilates involves hands-on correction and you give consent for your teachers to work in this way.
- accept that you remain ultimately responsible for your own health and safety.
- have read and understood the advice above and the information you have given in this form is correct and applicable to you.

I understand that the teacher of the class, rather than Pure Moves, is responsible for running the class. Pure Moves is not liable for any resulting actions, proceedings, costs, claims and demands or other liability which may arise from the teaching of this class. I confirm I have read and understood the above advice and the information I have given is correct.

### CANCELLATIONS

**If cancelling or postponing a 1:1 appointment 24 hours' notice is required. Otherwise a late cancellation fee of £35 is charged.**

**We require payment for the coming half term by the last day of the current half term. If we do not receive payment by the payment due date your place will be offered to another client. If you no longer wish to attend, you need to notify us by email, 2 weeks before your leaving date to [info@puremoves.com](mailto:info@puremoves.com) You will be invoiced for 2 weeks' class fees should you not return without the 2 weeks' notice.**

Thank you for your cooperation.

Client's signature

Date

Teacher's signature

Date

**Teacher's notes**