



Enrolment Form

Name (Mr, Mrs, Miss, Ms)

Address Post Code

Tel. No. (Home) (Work) (Mobile)

Date of Birth Height Weight

Occupation

Activities / Interests

GP / Doctor

*Your Choice: Group Class/1:1/Semi-Private *Please circle

Preferred day and time:

Does your work / sport involve any of the following?

Please tick:

- Sitting for long periods
- Bending
- Lifting heavy weights

- Driving
- Standing
- Any other repetitive action

1) Has your doctor ever said that you have any sort of heart trouble or defect?
 Yes No

2) Have you ever been told that you have arthritic joints or any bone or joint problem that may be made worse by exercise?
 Yes No

3) Are you pregnant, or have you had a baby in the last 6 months?
 Yes No

4) Have you had any operations or injuries?
 Yes No

5) Is there any other reason that should stop you participating in physical exercise?
 Yes No

6) Do you suffer from back or neck problems?
 Yes No

7) Is your blood pressure High Low Normal

8) Have you ever been given any remedial exercises? If so, can you briefly describe them?

9) Are there any movements that cause you pain? (e.g. raising your arms, bending forward or to the side)

10) What do you most wish to gain from Pilates?

* Note: If you have answered 'yes' to any of the above, please give relevant details in confidence.

Any other comments / illnesses / health problems / past relevant history?

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. The Instructor can accept no liability for personal injury related to participation in a class, or private / semi private Pilates session 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, private or semi private Pilates session

Please advise the instructor before commencing a class if for any reason your ability to exercise has changed. (This includes pregnancy).

I understand that it maybe necessary for me to have a Private 1:1 Pilates Session if I have been referred to Pilates by an Osteopath, Physiotherapist, Chiropractor or on the recommendation of the instructor before joining a course of Group Matwork Pilates Classes.

I understand that I am enrolling on a pre-paid term of Group Matwork Pilates classes and no refund will be offered for missed classes.

Signed..... Date

Please sign and return this form to: Joanne Ellery,

Bridgeham Pilates, Bridgeham Clinic, Broadbridge Lane, Smallfield, Surrey, RH6 9RD.