

# WEST SURREY PILATES

Pilates Instructor & Chartered Physiotherapist

## REGISTRATION FORM

Please complete the details below once we have discussed your requirements and agreed your 'next steps', in terms of the appropriate **class or 1:1 session** that you're going to participate in.

Please be assured that any information that you provide to me will be treated in the strictest confidence and will not be disclosed to any individual or organisation.

1. **Have you practiced Pilates before?** YES / NO

If YES, please provide further details (e.g. to what level, for how long)

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2. **What are your reasons for being interested in / attending a Pilates class?**

	Exercise
	Flexibility
	Recovery from injury / pain relief
	Health & wellbeing
	Other

3. **Do you participate in other forms of regular physical activity (e.g. running, cycling, gym, swimming)**

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4. Please list any injuries that could affect your class

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5. Please list any medication that you are on (& please also ensure that you bring the relevant medication to class (e.g. Inhalor or Epipen))

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6. The following information is required to ensure your safety.

Whilst Pilates may be practiced safely by the majority of people, certain conditions may require special attention.

Please review the following and tick / comment on those that may apply.

	Low back pain	
	Abdominal pain	
	Other spinal problems	
	Hip problems	
	Knee problems	
	Shoulder problems	
	Heart disorders	
	Diabetes	
	Low blood pressure	
	High blood pressure	
	Epilepsy	
	Asthma	
	Stroke	
	Arthritis	
	Cancer	
	Bronchitis	
	Depression/ Anxiety	

Additional comments can be provided here

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7. Have you ever had an episode of back pain?

YES / NO

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8. Have you had any recent surgery?

YES / NO

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9. If applicable, are you / could you be pregnant, or have you given birth in the last 6 weeks?

YES / NO / NOT APPLICABLE

10. Pilates participation & informed consent

Your Pilates programme will begin at a basic level that we have agreed is appropriate to you and will advance in stages depending on your level of fitness. Whilst every care will be taken, it is impossible to predict the body's exact response to exercise. This means that we could need to stop an exercise session because of signs of fatigue or excessive strain, and it is also important for you to realise that you can and should stop an exercise at any time, particularly if you feel fatigued or have any other discomfort. It is also important that you notify me of any changes to your health, fitness or wellbeing whilst you are practicing Pilates.

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Please tick HERE to indicate that you understand and agree with the above paragraph

11. Emergency contact (name and phone number)

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12. Please tick the following boxes to confirm you agree with the following statements:

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I confirm that the information I have given is accurate and it is my responsibility to check with my doctor if I have any difficulties or concerns about my ability to participate in a Pilates class.

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I confirm that by submitting this form I have accepted West Surrey Pilates' Terms & Conditions ([link here](#)) and that I understand the cancellation policy for classes.

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I confirm that West Surrey Pilates is not liable for any injury or damages to person or property resulting from taking part in their classes.

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I would like to join the West Surrey Pilates mailing list and receive occasional updates about general Pilates activities and details of any special offers.

Signed:

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