

1. Personal information

Full name _____ Email _____ Gender _____

Date of Birth / / _____ Profession (optional) _____

Contact number _____ Mobile number _____

Address _____

_____ City _____ Postcode _____

Please tick this box if you would like to receive booking confirmations and appointment reminders via email.

Please tick this box if you would like to receive email notifications from Cobham Pilates regarding class schedules, new classes, booking information, opening dates and times, workshops, retreats and other information about what is happening at the studio.

Note that we never share your details with anyone outside of Cobham Pilates. You can unsubscribe from either of these notifications at any time in the future by notifying Cobham Pilates in writing.

2. Emergency Contact Details

Full name _____ Mobile number _____

Please tick this box to confirm that we have authorisation to store this number for emergency use only.

3. Prior Pilates Experience

Matwork for _____ months / years

Reformer for _____ months / years

Studio Equipment for _____ months / years

Private Lessons for _____ months / years

4. Your Medical History - Please tick all that are applicable

Heart problems or defects, including chest pain	Diabetes	High Blood Pressure	Low Blood Pressure
Dizziness	Asthma	Osteoporosis	Osteopenia
Headaches	Hypermobility	Epilepsy	
Arthritis	Past Pregnancies _____	Could you currently be pregnant? If so, how many weeks? _____	

Other medical conditions - please explain: _____

Please list past surgeries - including dates

Do you have any joint or muscular pain or limitations, past or present?

Have you been recommended by a Medical Practitioner to take up Pilates? (Doctor, Physio, Osteopath, Chiropractor, Massage Therapist, etc.)

If so, in some cases it can be very useful to consult with them in order to advise us where you would best be placed to begin your Pilates journey.

Please tick here if we have your permission to contact them and to discuss your history and/or condition with them.

Name _____ Mobile number _____

Please list any other medical conditions or restrictions that could affect your ability to safely exercise

What would you like to achieve with Pilates?

Please advise us before commencing any Pilates session if, for any reason, your health or ability to exercise changes. It is imperative that we know immediately if you become pregnant. Pilates is a safe method of movement but, as with all forms of physical exercise, it is prudent to consult your doctor before starting Pilates.

Pilates is not a substitute for medical treatment. If you have any doubts about the suitability of the exercises, you should consult your medical practitioner. The teacher nor the studio can accept any liability for personal injury related to participation in a Pilates session if:

- your doctor has advised you against such exercise.
- your medical situation changes and you fail to inform the teacher and the studio.
- you fail to observe instructions on safety or technique.
- you are injured by the negligence of another participant in the class/studio.

Exercise should be performed at a pace and level which feels comfortable for the participant. Please inform your teacher immediately if you feel any discomfort during a session. Please also inform the teacher and studio if you feel any discomfort after a particular Pilates session.

I understand that Pilates exercises involve hands-on correction and feedback and I hereby consent for my teachers to work in this way. I confirm that I have read and understood the above advice and that the information I have given on this form is complete and correct.

Signed,

Client Signature _____ Date _____

Parent/Guardian Signature (for under 18's) _____ Date _____

Teacher Signature _____ Date _____

Teacher notes: _____
