



PILATES GROUP CLASS REGISTRATION FORM

PERSONAL DETAILS

Title: _____ Name: _____ DoB: _____

Address: _____

_____ Postcode: _____

Tel: _____ Email: _____

GP: _____

Have you done Pilates before? Yes / No

Have you ever attended Wimborne Osteopathic Clinic for treatment? Yes / No

If no, how did you hear about the class? _____

PILATES AIMS

Why have you decided to commence Pilates? _____

What aspect of your health would you like to concentrate on?

Core strength
Strength

Flexibility
Stress Management

Posture
Relaxation

What do you hope to achieve with Pilates?

LIFESTYLE

What is your occupation? _____

Which sports/hobbies do you do regularly? _____

Does your occupation or do any of your hobbies involve any repetitive movements or prolonged postures?
If so, please explain briefly.

HEALTH QUESTIONNAIRE

Are you currently experiencing any of the following conditions? If yes, please give further details below.

Low back pain	Yes / No	Heart problems	Yes / No
Pelvic pain	Yes / No	High or low blood pressure	Yes / No
Any other spinal condition	Yes / No	Epilepsy	Yes / No
Any rheumatological illness	Yes / No	Pregnancy (if female!)	Yes / No
Recent injury	Yes / No	Recent surgery	Yes / No

Please give further details or any other relevant medical information below.

PILATES PARTICIPATION INFORMED CONSENT

The Pilates program will begin at a low level and will be advanced in stages depending on your fitness level. The class may be stopped due to signs of fatigue or excessive strain. It is important for you to realise that you may stop when you wish because of feelings of fatigue or any other discomfort.

There exists the possibility of certain dangers when exercising. They include abnormal blood pressure, fainting, irregular, fast or slow heart rhythm and, in rare instances, heart attack, stroke or death. Whilst every care will be taken, it is impossible to predict the body's exact response to exercise. Every effort will be made to minimise these risks by evaluating the information provided relating to your health and fitness and by observations during exercise. Your instructor is trained in first aid.

I understand that:

- with certain conditions a degree of undressing may be required during the assessment and the Pilates instructor will explain this to me at the time
- the Pilates program will be specifically designed as a personal training plan and will take into account details given in my health questionnaire and assessment. Therefore, this program of exercise should only be undertaken when in a Pilates class or when I have been given specific instructions to exercise on my own.
- I use any equipment provided (e.g. soft balls and resistance bands) at my own risk and that I am free to wear safety goggles if I so choose but that safety goggles are not provided.
- unfortunately, any classes I miss cannot be refunded.

All information is treated in confidence, just as when you see a doctor and we comply with current data protection legislation. Our Privacy Notice is available on our website or in the clinic waiting area.

We would love to stay in touch a few times a year and share our expertise with tips for improving your health, special offers and clinic news (opening hours, holiday dates, Pilates classes etc).

Please tick this box if you are happy to receive these (you can unsubscribe at any time).

Signed: _____ Date: _____

PLEASE NOTE:

Group classes take place at the Community Learning and Resources Centre (CLaRC), King Street, Wimborne, BH21 1EB and not at Wimborne Osteopathic Clinic. The car park entrance is opposite the model town. Individual sessions, including the 30 minute assessment before you join a class, take place at the clinic.

Please wear comfortable clothing suitable for exercise and you may find grip socks helpful to prevent slipping. A small towel is also useful for additional head support and in case you get hot.