



Registration Form

Name Age (optional):

Address

Suburb State Post Code

E-mail

Phone Mobile
(May be used for SMS notifications)

How did you find out about Practical Pilates?

Have you ever done Pilates before? Yes No

MEDICAL QUESTIONS:

Are you usually active (eg: exercise at least once per week)? Yes No

Are you on any prescription medications? Yes No

Have you been hospitalised in the past 6 months? Yes No

Have you been pregnant/had a baby in the past 6 months? Yes No

Are you currently pregnant? Yes No Number of Months:

Are there any medical conditions or injuries that affect you? Yes No

(Eg: Stroke, Heart Condition, Epilepsy, High Blood Pressure > 140/90, Arthritis, Diabetes, Neck, Back, Knee injuries or muscular pain, asthma)

Please Give Details:

Do you know of any reason why you should NOT participate in Pilates? Yes No

Emergency Contact: _____

Doctor: _____ Name _____ Number _____

_____ Name _____ Number _____

To the best of my knowledge I have answered the above questions truthfully. I understand that risk of accident is part of all physical activity and I must ensure that I take all personal precautions to minimise such risks. I understand there exists a possibility that certain physiological changes may occur during or following exercise which cannot be predicted. If I have indicated any medical conditions above, I have received qualified professional advice regarding my participation in Pilates and I am satisfied with this advice. I indemnify the instructor of Practical Pilates against any claim resulting from my attendance and participation in Practical Pilates Classes.

Yes, I agree _____ Name _____ Date _____

REGISTRATION and PAYMENT:

I would like to register for class(es):

Fee, as advised by Practical Pilates

 Amount

Class Day/Time/Location (eg: Mondays 7:30 Connells Point)

Payment by EFT: Payable to Westpac Acct Name: Practical Pilates BSB: 032158 Account: 228108. Please use your name as reference or the last 6 digits of your phone number if a numeric reference is required.

Payment by Credit Card/Paypal: Please send me an invoice via E-mail to the nominated E-mail address above so I can make payment via Paypal, using my Credit Card or Paypal Account.

Comments: