

PILATES REGISTRATION – INITIAL VISIT

IMPORTANT – PRIVACY NOTICE

Information collected by us about you will be stored according to the requirements of Federal Privacy legislation. It will only be passed on where appropriate to the care of the medical problem about which you consulted us (eg to your physio or local doctor), or where legally required. If you require more information, ask a staff member to see a copy of our Privacy Policy.

NAME _____

DATE OF BIRTH _____/_____/_____

Which best describes your experience with Pilates? Circle one:

Never

Beginner

Intermediate

Advanced

Please list regular activity / exercise usually undertaken and frequency:

Please indicate the reason(s) for taking Pilates:

- ☐ Improve physical fitness
 ☐ Stretching & flexibility
 ☐ Injury management / rehabilitation
 ☐ Core strength / stability
☐ Improve posture
 ☐ Stress Management
 ☐ Other: _____

Please advise your previous medical history below (and give details where appropriate):

- ☐ Have you experienced heart problems or suffered a stroke? _____
☐ Do you suffer from asthma or experience breathlessness? _____
☐ Do you have any neck or spinal conditions? _____
☐ Do you suffer from epilepsy or seizures? _____
☐ List any recent surgery (past 5 years): _____
☐ Are you currently pregnant? _____
☐ Do you suffer from any chronic illness? _____
☐ List any current or ongoing injuries: _____
☐ Are you currently taking any medications? _____

To the best of my knowledge, all of the information supplied above is true and correct at the date of signing this form. I understand that it is my responsibility to inform the instructor of any change in my medical condition as soon as I become aware of it.

Name: _____

Signature: _____

Date: _____

TERMS AND CONDITIONS

Please read carefully and sign below:

FEES AND CANCELLATIONS

- Payment is required in full prior commencement of each class for casual participants and prior to the first class for those purchasing a package.
- Pre-paid packages are non-refundable and non-transferable (unless under special circumstances and are at the discretion of the instructor).
- Failure to attend a consultation / class or cancellation less than 24 hours prior to commencement will incur a charge of the full fee for that consultation / class. Participants must pay this fee prior to commencement of their next class.
- Pre-paid sessions will expire at 2 months for 5 sessions and 3 months for 10 sessions.

INFORMED CONSENT AND WAIVER

- I understand and agree that the instructor or I can stop the exercise session at any time if I am experiencing any symptoms of fatigue or discomfort or at risk of injury.
- I understand that there is a risk associated with performing any physical activity and whilst every care will be taken, it is impossible to predict the body's exact response to exercise.
- I understand and agree that Sydney Sports Medicine Centre and Instructors shall not be liable for injuries I suffer in respect of:
 - Exercises performed outside of a supervised session;
 - Exercises performed other than in accordance with the direction of the instructor;
 - Undertaking exercises while suffering from an injury or ailment of which I have not informed the Instructor;
 - Mishap or injury inflicted by other participants of the Pilates group;
 - Any injury sustained while on the premises resulting from personal inattentiveness.

Name: _____

Signature: _____

Date: _____