

Pilates Booking Form

Name: _____ Date of Birth _____

Address: _____

Phone: _____ Email: _____

Occupation: _____

Sporting activities and frequency of training _____

Class you wish to attend (circle as appropriate)

- Back Pain – Lunchtime
- Back Pain – Evening
- Pilates for Athletes 1
- Pilates for Athletes 2

The following information helps us modify exercises for you to ensure your safety during the class:

Have you done Pilates before? If yes please outline how many classes you went to and the level of Pilates the classes were at e.g. beginner, intermediate? _____

Do you have any injuries, stiffness, illness, conditions, or aches or pains? Please describe them:

Have you a history of back pain or osteoporosis? If yes please describe;



I have outlined above any medical information I feel relevant to help the Pilates instructor guide me through exercises suitable for me.

Signed _____ Date _____

IMPORTANT: If you are pregnant or post-partum, have had major surgery in the last 12 months (including caesarean section), have burning, numbness or tingling pains, dizzy spells, tightness in the chest or severe osteoporosis a letter from a Doctor is required before beginning a Pilates class.