

Client Enrolment Form

All information will be treated in the strictest of confidence.

Name: _____	Date of Birth: _____
Address: _____	
_____	Postcode: _____
Sports/Hobbies: _____	Occupation: _____
Home Tel.: _____	Mobile: _____
Email address: _____	
How did you hear about the studio? _____	
<u>Emergency contact details:</u>	
Name: _____	Home Tel.: _____
Mobile: _____	

PART 1: YOUR BACKGROUND AND YOUR HEALTH

Does your work or sport involve any of the following? Please tick:

Sitting for long periods Driving Bending Standing

Lifting heavy weights Any other repetitive action

Will this be the first time that you have practised Pilates? Yes No

If no, have you previously attended (please tick if yes):

Studio BCP matwork classes Other Pilates matwork at home

Number of classes attended: 0-5 5-10 10-20 20+

Has your doctor ever said that you have any sort of heart trouble or defect? Yes No

Do you feel pain in your chest when you do physical activity? Yes No

Are you, or could you be pregnant now? Yes No

If yes, when is your due date? _____

Name and contact for Obstetrician/Midwife: _____

Have you been pregnant in the last 6 months? Yes No

If yes, how was you baby delivered? normally caesarean

Do you lose your balance because of dizziness or do you
ever lose consciousness, feel faint or dizzy? Yes No

Do you have high blood pressure? Yes No

Is your blood pressure? normal low

Have you had major surgery in the last 10 years? Yes No

Have you had minor surgery in the last 2 years? Yes No

Do you suffer from asthma, diabetes or epilepsy? Yes No

Have you ever been told that you have arthritic joints or any
bone or joint problem that may be made worse by exercise? Yes No

Do you suffer from back pain or neck pain? Yes No

Do you have pain or restricted movement in any other joints?
(E.g. hip, knee, ankle, elbow, shoulder) Yes No

Have you been diagnosed at hypermobile (excessive
joint mobility)? Yes No

Are there any movements that cause you pain? Yes No

Are you taking any drugs or medication which may affect
your ability to exercise? Yes No

Have you been referred to Pilates by a specialist practitioner? Yes No

If yes, by your? (please tick):

GP physiotherapist osteopath chiropractor other

Do you hereby give permission for us to contact them? Yes No

Please state their name and contact number.

Practitioner's name: _____

Practice Telephone: _____

Please list any health problems you suffer from, not already listed, that may affect your ability to exercise.

If you have answered yes to any questions above, we advise that you consult with your medical practitioner before you start Pilates classes. Please give below further relevant details, in confidence, to any of the questions ticked 'Yes':

PART 2: YOUR GOALS

What are your reasons for taking up Pilates?

What health or physical goals would you like to achieve in the short term?

What longer term health or physical goals would you like to achieve?

STUDIO ETIQUETTE

Pilates is a hands on method. Shorts, leggings and t-shirts all work well. It is a good idea to wear layers on cold days. A towel is also required at every session.

The cleanliness of the studio and equipment is a priority for us and we would be grateful if you would let us know if at any time we do not shape up. As a courtesy to fellow clients and to our teachers, we ask that all clients make personal hygiene, particularly clean feet, a similar priority, and thank you for your understanding in this sensitive matter.

The classes are carefully structured to maximise the benefit to your body. We do understand how hectic life gets, but have to ask you to rather not attend class if you will be entering late, trusting that you understand that missing the first few minutes is disrespectful to your body, the teacher and your fellow participants.

PLEASE DO NOT BRING CELL PHONES INTO CLASS WITH YOU, and make sure they are left on silent in the changing area. The answering of cell phone calls within the class environment is unacceptable.

PART 4: STUDIO RATES

All classes are charged monthly in advance and should be paid no later than the 1st of each month.

Group class charges are worked out on an annual basis and include 4 closures a year (i.e. you pay for 48 weeks of classes per calendar year).

No credit will be offered for classes missed however if you give more than 24 hours' notice of your intention to miss a class you may book a make-up class subject to there being availability.

1 class a week: R550 per month 2 classes a week: R970 per month
3 classes a week: R1250 per month **Preggie Classes:** R180 per class
Ad hoc: R200 per class

If you have done Pilates before, you will need to do at least one private session to allow us to assess you for placement in a class. If you have not done Pilates before, you will need to do 2 to 3 private sessions, in which you will learn the concepts you will need to participate in a class suitable to your level. At your first appointment, please arrive 10 – 15 minutes before the time to complete your enrolment form or arrange to complete and return it prior to your session. All sessions are 55 minutes.

One-on-one equipment sessions: R540 per 55 minutes
Equipment duets: R325 per person per 55 minutes

Group class orientation: R440 per 45 minutes

Privates cancelled with less than 24 hours' notice will be charged.

There is a non-negotiable one month notice period on all classes.

PART 5: IMPORTANT INFORMATION

Please advise us before commencing any session if, for any reason, your health or your ability to exercise changes. Our technique and exercises are very safe but, as with all forms of physical exercise, it is prudent to consult your doctor before starting Pilates sessions.

These sessions are not a substitute for medical counselling or treatment. If you have any doubts about the suitability of the exercises, you should refer back to your medical practitioner.

Astrid Haupt and/or Body Control Pilates and/or their employees do not accept any responsibility or liability for any personal injury of whatsoever nature, or loss of personal belongings, arising from participation in the class/session and in any circumstances whatsoever.

Exercise should be performed at a pace which feels comfortable to you. PAIN is the body's warning system and should NOT BE IGNORED. Please inform your teacher immediately if you feel any discomfort during a session. Please also inform the teacher if you feel any discomfort after a previous session.

I confirm that I have read and understood the above terms and conditions and that the information I have given is correct.

Signed,

Client: _____ Print Name: _____ Date: _____

Teacher: _____ Print Name: _____ Date: _____