##### 

##### Pilates



**Registration form**

Can you please complete the following form to allow for maximum safety and effectiveness from your Pilates class.

# **Name**: (First name and last initial only)

### **Relevant medical history**

|  |  |  |  |
| --- | --- | --- | --- |
| **Do any of the following conditions apply to you:** | **No** | **Yes** | **Old/Current** |
| Low Back pain |  |  |  |
| Neck pain |  |  |  |
| General joint problems |  |  |  |
| Major surgery |  |  |  |
| Heart or Breathing problems |  |  |  |
| Epilepsy |  |  |  |
| Are you/might you be pregnant |  |  |  |
| Osteoporosis/low bone density |  |  |  |
| Any other conditions |  |  |  |

If you have answered yes to any of the above please give details, and it is important that you discuss it with the instructor (contact on [**enquiries@206therapy.co.uk**](mailto:enquiries@206therapy.co.uk)) prior to commencing classes to ensure you are doing the correct level of exercise for you:

### **Current medication:**

### **Previous Pilates experience:**

Have you attended any classes before Yes ❑ No ❑

How long did you attend for?

What level of Pilates did you practice?

## Beginner ❑ Intermediate ❑ Advanced ❑

**These Pilates classes will be at a beginner level ONLY, however it is important you stop if you experience any fatigue or discomfort. If you become pregnant or are diagnosed with any of the above conditions whilst attending the classes you should inform the instructor immediately.**

**The following disclaimer applies to these sessions:**

**As with all fitness and exercise programmes, you need to use your common sense. To reduce and avoid injury, you will want to check with your doctor before beginning any fitness programme if you have any pre-existing medical conditions. The sessions are being supervised but as this is virtual, there is an element of you performing them at your own risk. *Two-0-Six and it’s instructors* will not be responsible or liable for any injury or harm you sustain as a result of this fitness programme.**

**If you have enjoyed the class and wish to try one with intermediate level exercises you can contact Mindy Davey on- enquiries@206therapy.co.uk**

**Signed:** (First name and last initial only)

**Date:**

**Please note:**

If you are in contact with the instructor via the email address above, your details will be dealt with in compliance with GDPR regulations. See the fully Privacy Policy on [www.206therapy.co.uk](http://www.206therapy.co.uk) for details.