



One Two One Pilates
Hinchley Wood

The 121 Clinic
22 Manor Road North
Hinchley Wood
Esher
Surrey
KT10 0SH
Tel: 020 8339 3777

**'The complete spinal workout'
Pilates Enrolment Form**

Please fill out our friendly form, print and send along with your payment to the address above.

General Client Details

Title: Full Name: Date of Birth:

Address:

Postcode:

Email Address:

Telephone number:

Work:

Mobile:

GP Name and Address:

Please state how you heard about the 1-2-1 Pilates:

Pilates Aims

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

If **NO**, how many classes have you attended?

Why have you decided to commence Pilates?

What aspects of your health would you like to concentrate on?

Core Stability

Flexibility

Posture

Strength

Stress management

Relaxation

What are the three aims that you are hoping to achieve from Pilates?

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Life Style

What is your occupation?

Does your occupation involve any repetitive movements or prolonged postures? If so please specify

Are you involved in any other Sports or Hobbies ?

Health Questionnaire

1). Are you **currently** experiencing any of the following conditions? If Yes please provide details

Lower Back Pain	Yes	No
Pelvic Pain	Yes	No
Any other Spinal Condition	Yes	No
Hip or Knee Pain	Yes	No
Shoulder or wrist pain	Yes	No
Heart Problems	Yes	No
High or Low Blood Pressure	Yes	No
Epilepsy (Grand mal seizures)	Yes	No

2) Are you pregnant? Yes No

If **yes**, how many weeks pregnant are you?

Have you discussed taking Pilates with your Midwife? Yes No

3) Have you been pregnant in the last year? Yes No

If **yes**, how was the baby born? Natural birth Caesarian

4) Are you currently receiving treatment for your lower back or neck pain? Yes No

5) Identify any of the following conditions that you have been diagnosed with or had treatment for:

Asthma	Arthritis	Diabetes	Stroke
Cancer	Bronchitis	Depression	ME
Osteoporosis	Other please state:		

If you have circled any of the above please give details:

TERMS AND CONDITIONS

1. Enrolment in any class will only be confirmed upon receipt of this form, duly completed together with payment of the relevant course fee. Class vacancies will be filled in the order of priority in which enrolment forms and course payments are received.
2. In regard to any medical condition disclosed on this form, participants undertake to obtain clearance from their relevant treating medical practitioner prior to enrolling in a 1-2-1 Pilates course. Please advise us before commencing any session if, for any reason, your health or your ability to exercise changes.
3. Cancellation of course fees
Course fees are non-transferable.
Cancellations:
7 or more days before the course start date – will be given a full refund
Less than 7 days before the course start date – will be given a 50% refund of the total course fees
4. No monetary credit will be given for missed classes, and make-up classes depends on the availability of places in alternative session times during the current term. You will be permitted to make one make-up class in any set course.
5. If, due to unforeseen circumstances, a class is cancelled due to the unavailability of a duly qualified instructor to teach that class, participants will be offered an alternative class.
6. In the interests of safety for all participants, and as class sessions are structured, those who arrive late will not be permitted to enter the class.
7. It is inadvisable to do Pilates between weeks 8 to 14 of pregnancy, unless by special arrangement with your teacher. It is also wise to wait 6 weeks after the birth before resuming exercise.
8. I understand that Pilates exercise involves hands on and I hereby consent for my teacher to work in this way.

ACKNOWLEDGEMENT

Exercise is not without risk to the musculoskeletal and cardio-respiratory systems and I acknowledge I have voluntarily elected to participate in an exercise program with 1-2-1 Pilates. I will not hold 1-2-1 Pilates responsible for any personal injury loss or damage which may result from my participation in any proposed exercise program.

By Ticking this box I confirm that I have read and understood the above advice and that the information that I have given is correct.

Signed:

Date:

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Please enrol me in the following class:

Please make Cheques payable to K Levy

Day:

Time:

I enclose a payment (cash/cheque) of £

for the above classes.

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