

## Pilates Booking Form

**Please complete and return this form along with your payment.**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Mobile: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Emergency contact name and phone number: \_\_\_\_\_

Name of the venue would like to attend: \_\_\_\_\_

Day and Time you would like to attend: \_\_\_\_\_

### Check List (please tick)

- Please find attached/enclosed payment of £\_\_\_\_ for \_ classes.
- Please tick to confirm you have read and agree to the terms and conditions of pre payment and cancellation below.
- Please tick to confirm you have filled in a physical readiness form.

### Terms and Conditions :

- An advance payment for a 6 week course is for 6 consecutive weeks for the same day of the week and the same time (ie: every Thursday at 10:00am for the next 6 weeks).
- Non attended classes cannot be refunded.
- Pre paid classes can only be attended by the person named on the booking, and are non transferable between people.
- In the unlikely case a class needs to be cancelled, it will be added to the end of the 6 week block or that single class refunded. In the case of a cancellation you will be contacted using the information you have provided.

Contact: Lenka Scotton, phone 01869 277 835 or mobile 07986 582768 or visit [www.lenka-pilates.co.uk](http://www.lenka-pilates.co.uk)

**NAME:**

**SIGNATURE:**

**DATE:**

### **Physical Activity Readiness Questionnaire**

If you are planning to take part in a physical activity or an exercise class and you are new to the exercise, start by answering the questions below. If you are between the ages of 15 and 69 this questionnaire will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor. **YOUR INSTRUCTOR WILL TREAT ALL INFORMATION CONFIDENTIALLY.**

		<b>Please circle</b>	
1	Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?	YES	NO
2	Do you ever feel pain in your chest when you do physical activity?	YES	NO
3	Have you ever had a chest pain when you are not doing physical activity?	YES	NO
4	Do you ever feel faint or have spells of dizziness?	YES	NO
5	Do you have a joint problem that could be made worse by exercise?	YES	NO
6	Have you ever been told you have high blood pressure?	YES	NO
7	Are you currently taking any medication of which the instructor should be made aware?  If so, what?_____	YES	NO
8	Are you pregnant or have had a baby in the last 6 months?	YES	NO
9	Is there anything else what your instructor should be aware of?  If so, what?_____	YES	NO

#### **IF YOU HAVE ANSWERED YES TO ONE OR MORE QUESTIONS**

Talk to your doctor by phone or in person before you start becoming more physically active. Tell your doctor about this questionnaire and which question you answered YES to.

You may be able to do any activity you want as long as you build up slowly and gradually. Or you may need to restrict your activities to those that are safe for you. Talk with your doctor about the kinds of activity you wish to participate in and follow his/her advice.

#### **IF YOU HAVE ANSWERED NO TO ALL QUESTIONS**

You can be reasonably sure that you can start to become more physically active and take part in a suitable exercise programme. Remember to begin slowly and build up gradually.

#### **PLEASE NOTE**

If your health changes so that subsequently you answer yes to any of the above questions, inform your fitness or health professional immediately. If you feel unwell because of a temporary illness such as a cold or flu, delay becoming more active and wait until you are better.