

Northern Beaches Pilates - Enrolment Form

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Name.....

Email.....

Date of Birth.....

Mobile.....

Occupation.....

Class time..... Location.....

Address.....

Time.....

.....

In case of Emergency

Have you done Pilates before?

Name.....

Yes, with Northern Beaches Pilates

Relationship.....

Yes, with

Mob.....

No, this is my first time

Medical Questions

Medical Conditions

Please check with your Doctor before commencing Pilates classes, and tell your instructor about any medical conditions you have. This applies especially if you are or have recently been pregnant, injured or ill.

Do you suffer any injury in your neck or back ?

Do you exercise at least once a week Yes No

Is there any medical condition that could affect your ability to exercise? For example, high/low blood pressure, heart condition, arthritis, knee, ankle, wrist, and shoulder pain. Yes No

Are you on prescriptive medication Yes No

If Yes, provide details

Are you or have you been pregnant or had a baby in the last six months? Yes No

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If you are currently pregnant, how many months

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Have you been hospitalised in the last six months Yes No

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Do you have Osteoporosis/Osteopenia? Yes No

Personal Statement and Waiver

I have answered the medical questions to the best of my ability and have sought qualified professional advice regarding any medical conditions which may affect my ability to participate in Northern Beaches Pilates classes. I take these classes at my own risk and indemnify Annebé Pettersen and her employees against any claim that may result from my participation in any Northern Beaches Pilates classes.

Signed Date

How did you find out about Northern Beaches Pilates www.northernbeachespilates.com.au

- Internet Search Friend Facebook Letterbox Doctor/Medical Specialist
 Community Centre Brochure Other