

**SWAN PILATES – ENROLMENT FORM FOR GROUP CLASSES**

Your Name: ..... D.O.B: ..... Mobile: .....

Address:.....

Email: ..... Occupation: .....

Emergency contact name: ..... Emergency Contact Tel. No: .....

**MY ABILITY TO EXERCISE**

The following questionnaire will help me to make the sessions as safe and enjoyable as possible for you and will tell you if you should check with your doctor before you significantly change your physical activity patterns. Please read each question carefully and answer honestly by indicating **YES** or **NO**. All information will be treated in the strictest of confidence. Don't worry – there may be lots of things you can do, especially with an exercise programme such as Pilates.

		<b>YES</b>	<b>NO</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?		
2	Do you feel pain in your chest or become breathless when you do physical activity?		
3	In the past month, have you become breathless or had chest pain while you were not doing physical activity?		
4	Do you lose your balance because of dizziness or do you ever lose consciousness?		
5	Do you have any bone or joint condition?		
6	Do you have any other medical condition?		
7	Have you had any recent injuries or major operations?		
8.	Do you know of any reason why you should not do physical activity?		
9.	Is your doctor currently prescribing any drugs for you?		
10.	(For the ladies) Are you pregnant now or recently had a baby or caesarean section? This group class is not suitable for you whilst you are pregnant. Post-natally, you may commence pilates 6 weeks after a normal delivery and 12 weeks after a caesarean section, providing you have medical clearance from your GP. Please download the medical clearance form from <a href="http://www.swanpilates.co.uk/enrolment">www.swanpilates.co.uk/enrolment</a> and take it to your GP. Your GP may charge for this service.		
11	Are you over the age of 69?		

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Please give brief details below about any question to which you gave a YES answer, together with details of any treatment you are having at the moment or have had in the past:

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.....  
.....  
.....

If you have answered **NO** to all questions you can be reasonably sure that you can start becoming more physically active.

If you have answered **YES** to any question, you should consult with your doctor to clarify that it is safe for you to take part in Pilates exercises at this current time and in your current state of health. The instructor can accept no liability for personal injury related to participation in a session if your doctor has advised you against such exercise or if you have not consulted your GP prior to commencing pilates exercises.

**Note:** This questionnaire becomes invalid if your condition changes such that you would answer YES to any of the questions. Should your current health status change, please inform your instructor and check with your GP before continuing.

Have you been recommended to take up Pilates by a specialist practitioner .....

Which type of practitioner? (GP, osteopath etc) .....

Do you give us permission to contact them? .....

If 'yes' please state their name and contact details .....

a. **Informed Consent**

- I have read, fully understood and honestly answered all questions in Section One of this form.
- I understand that all forms of exercise involve some risk of injury and/or medical trauma. I accept complete sole responsibility for my health and well being in this program.
- I hereby request to commence Pilates classes with Swan Pilates/Karen Dobson.

**Disclaimer**

- I have read and understood the Payment information, Terms and Conditions and Privacy Policy on [www.swanpilates.co.uk/tc](http://www.swanpilates.co.uk/tc).
- In consideration of my participation in Swan Pilates classes, my heirs, my assigns, and myself hereby release and discharge Swan Pilates/Karen Dobson from any and all liability now or in the future. This release includes, but is not limited to, heart attacks, strokes, muscle strains, death, fractures, pain, musculoskeletal injuries, heat prostration, worsening of any condition or any injury to myself now or in the future. I hereby knowingly and voluntarily waive any and all claims against Swan Pilates/Karen Dobson. I accept all terms included on the website and on this enrolment form.

NAME ..... SIGNATURE ..... DATE .....