



CLIENT REGISTRATION AND WAIVER

Name:		Date of birth:	
Address:		Postcode	
Mobile tel no.:		Email address:	
In case of an emergency contact name and phone no.:			
How would you describe your current physical condition? (please circle one)			
Fit	Healthy	Unfit	Overweight
			Unwell
What are the main benefits that you want to achieve from this class?			
Have you ever had: Asthma, Diabetes, Epilepsy, Hernia, Dizziness?			No Yes
Have you ever had a Heart condition, High or Low Blood Pressure, Stroke, Palpitations, Murmurs or Pains in the chest?			No Yes
Are you now or have recently been pregnant?			No Yes or not sure
If yes above, do you have your Doctor's approval to participate in Pilates classes?			No Yes
Are you taking any prescribed medication?			No Yes
Is there any other condition that might be reason to modify your exercise program?			No Yes
If you answered yes, to any of the above questions, please provide details below: You may need to see your Doctor or Specialist prior to commencing this class.			
Have you been doing regular exercise in the last three months? If yes, what type and frequency?			
How did you hear about our classes?			

WAIVER

- I, the undersigned, acknowledge that I do not have any injuries or physical ailments, which would prevent me from undertaking a Menezes Pilates Floor class at any level.
- I further agree that I have sought qualified professional advice that I am able to attend a Menezes Pilates Floor class at any level without any risk to myself.
- I understand that any of the classes I undertake may be injurious to my health and wellbeing and I undertake such classes at my own risk
- I agree not to hold the Menezes Pilates Instructor, his or her agents or the Pilates Institute of Australasia or any of their agents, liable for any injuries or losses that may arise from attending any Menezes Pilates floor class.
- I understand the Safety Scales and will give feedback to my instructor when I feel the scales are being exceeded.
- My instructor has the right to refuse my participation if they feel I am affected by alcohol and or drugs.
- I will keep my instructor informed at all times of any changes to my physical wellbeing in order for him/her to take appropriate action.

Signed

Date

Name (please print)