



Dial House Pilates

Booking Form

Name.....DOB.....

Address.....

.....

.....Postcode.....

PHONE (M)..... (H).....

Email.....

Emergency Contact.....

Phone.....

The following information will help ensure your safety in the class

Have you done Pilates before?.....

If yes, please outline how many classes you have done and at what level?

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Do you have any injuries, stiffness, illness, conditions or aches and pains?

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Please Tick

Back () Neck () Shoulder () Knee () Wrist () Ankle ()
Hip () Other ()

Please describe if you have ticked yes

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Do any of the following apply to you:

Please Tick

Headaches () High/Low blood pressure ()
Shortness of breath () Dizziness ()
Raised Cholesterol () Diabetes ()
Hernia () Epilepsy () arthritis () Pregnant () Heart
Disease () Smoker ()
Prescription medication () Allergies ()

Please describe if you have answered yes

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If you are pregnant or post-partum, have you had surgery in the last 12 months, including caesarean section? If yes, a letter from your doctor is required before starting a Pilates class.
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Do you ever have burning, numbness or tingling pains, dizzy spells, tightness in the chest or severe osteoporosis? If yes, a letter from your doctor is required before starting a Pilates class.
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I can confirm that the information I have provided is true, accurate and complete. I will immediately notify dial house Pilates, if my health conditions change at any time in the future.

I voluntarily, and with full knowledge, assume all risk associated with the physical activity that I am engaging in while at dial house Pilates and its owner, its teachers and its staff from any liability whatsoever resulting from injury, loss of personal items that I may sustain while on their premises.

I agree with all the terms and conditions of dial house Pilates as outlined.

Signed..... Date.....