



NEW CLIENT REGISTRATION FORM

1. Personal information

Full name _____ Email _____

Date of Birth ____/____/____ Occupation _____

Phone number _____

Address _____

Postcode _____

2. Emergency Contact Details

Full name _____ Phone number _____

Relationship _____

Please tick this box to confirm that we have authorisation to store this number for emergency use only.

3. Prior Pilates Experience

Have you participated in Pilates before? Yes No

4. Your Medical History - Please tick all that are applicable

Heart problems or defects, including chest pain Diabetes High Blood Pressure Low Blood Pressure

Dizziness Asthma Osteoporosis Osteopenia Headaches Hypermobility Epilepsy

Arthritis

Other medical conditions - please explain:

Please list past surgeries - including dates

Do you have any joint or muscular pain or limitations, past or present?

General health Questions

Has your doctor ever said that you have a heart condition and that you should only do physical activity when recommended by a doctor?	Yes	No
Do you feel pain in your chest when you do physical activity?	Yes	No
In the past month, have you had a chest pain when you were not doing physical activity?	Yes	No
Do you lose balance because of dizziness or do you ever lose consciousness?	Yes	No
Do you have a bone or joint problem that could be made worse by a change in your physical activity?	Yes	No
Is your doctor currently prescribing you drugs (for example water pills) for you blood pressure or heart condition?	Yes	No
Are you currently pregnant or less than 6 weeks post partum? (if you have recently given birth you must have been given clearance by a medical professional before participating in any activity)	Yes	No
Do you know of any other reason why you should not do physical activity?	Yes	No

Please list any other medical conditions or restrictions that could affect your ability to safely exercise

If you have answered "Yes" to any of the above questions, please consult your doctor before taking part in an exercise programme.

Your Pilates teacher may ask for a medical report before commencing any class workshop or programme.

What would you like to achieve with Pilates?

COVID-19 Declaration

Please **DO NOT** attend a session if you are currently experiencing any Covid-19 symptoms , have had a positive test(within the last 10 days), or are self isolating.

Please tick to confirm you have agreed to the above conditions

Have you had a covid vaccination?

YES - One dose YES - Two doses NO

Declaration

Please advise us before commencing any Pilates session if, for any reason, your health or ability to exercise changes. It is imperative that the teacher knows immediately if you become pregnant, as some exercises may not be suitable. Pilates is a safe method of movement but, as with all forms of physical exercise, it is prudent to consult your doctor before starting Pilates.

Pilates is not a substitute for medical treatment. If you have any doubts about the suitability of the exercises, you should consult your medical practitioner. The teacher nor the studio can accept any liability for personal injury related to participation in a Pilates session if:

Pilates is not a substitute for medical treatment. If you have any doubts about the suitability of the exercises, you should consult your medical practitioner. The teacher cannot accept any liability for personal injury related to participation in a Pilates session if:

- your doctor has advised you against such exercise.
- your medical situation changes and you fail to inform the teacher.
- you fail to observe instructions on safety or technique.
- you are injured by the negligence of another participant in the class.

Exercise should be performed at a pace and level which feels comfortable for the participant. Please inform your teacher immediately if you feel any discomfort during a session. Please also inform the teacher if you feel any discomfort after a particular Pilates session.

DFK Coaching cannot accept any liability for loss or damage to personal belongings or vehicles whilst attending a session. These are left at the owner's risk.

I understand that Pilates exercises involve hands-on correction and feedback and I hereby consent for the teachers to work in this way. I confirm that I have read and understood the above advice and that the information I have given on this form is complete and correct.

DFK Coaching collects personal data regarding its clients. Data collected includes personal data, which is used for marketing purposes, to keep clients updated on current offers, as well as to understand individual medical conditions and potential contraindications of exercise. Please tick here to give your permission to use your data in this way.

More information on privacy and data protection can be found at www.dfkcoaching.co.uk

Signed
Client

Date

Signature
Parent/Guardian Signature (for under 18's)

Date

Teacher Signature

Date

Teacher notes: