

## PILATES REGISTRATION FORM

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: mobile \_\_\_\_\_ daytime / other \_\_\_\_\_

Email: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

CLASS DAY: \_\_\_\_\_ TIME: \_\_\_\_\_

### Pilates Aims

1) Have you done Pilates before? \_\_\_\_\_

2) What are your main aims which you are hoping to achieve through Pilates?

To improve:

Core stability	Flexibility	Posture	Toning	
Strength	Sports performance	Stress management	Relaxation	
Low back pain				

Other \_\_\_\_\_

3) Have you been recommended Pilates by a specialist? Yes No  
 If yes, by who? Physiotherapist Chiropractor Osteopath GP Consultant  
 Other \_\_\_\_\_

### Lifestyle

What is your occupation? \_\_\_\_\_

Does your occupation involve any repetitive movements or prolonged postures?  
 If yes please give brief explanation. \_\_\_\_\_

What other hobbies, sports or exercise are you involved with? \_\_\_\_\_

