

Client Registration Form



Title: _____ Name: _____ Surname: _____

DOB: _____ Address: _____

Mobile: _____

Email: _____

How did you hear about us? Please tick and specify where appropriate

Word of mouth ☐ (please specify) _____
Social Media ☐ (please specify) _____
Promotions ☐ (please specify) _____
Google ☐ (please specify) _____

Which classes are you mainly interested in?

Pilates ☐ Cardio ☐ Fun Workshops ☐
Yoga ☐ Fitness ☐ Dance Based ☐
Other ☐ (please specify) _____

What are your 3 main goals of attending classes?

1 _____ 2 _____ 3 _____

*All sessions must be paid in full at the beginning of the term. Payments are non-refundable and cannot be transferred to a future term. If you are unable to attend a pre-booked class, you must notify the instructor or Sue at least **24 hours in advance**. Subject to availability, you may attend an alternative class as a replacement. If we are not informed in advanced, the session will be lost.*

I accept that my instructor or the studio, cannot be held responsible for any damage or loss to personal property whilst on company premises.

Date: _____

Signature: _____

Client Screening Questionnaire

1 Are you taking any regular medication which may affect you during the session?

No ☐

Yes ☐ (please provide details)_____

2 Do you have any illnesses or disabilities?

No ☐

Yes ☐ (please provide details)_____

3 Do you have any injuries or join problems?

No ☐

Yes ☐ (please provide details)_____

4 Have you had any surgery within the last 12 months?

No ☐

Yes ☐ (please provide details)_____

5 Are you or have you been pregnant in the past 6 months?

No ☐

Yes ☐ (please provide details)_____

6 Please indicate below if you have been diagnosed with any of the following conditions

Epilepsy or Seizures ☐

High/Low Blood Pressure ☐

Heart Condition ☐

Pacemaker ☐

Rheumatoid Arthritis ☐

Metal Implant ☐

Asthma ☐

Blood Disorder ☐

Diabetes ☐

Other: _____

7 Are you aware of any reasons that you should not participate in physical activity without medical supervision?

No ☐

Yes ☐ (please provide details)_____

I have read, fully understood and completed this questionnaire. The answers that I have given are accurate to the best of my knowledge. I understand that it is my responsibility to inform the instructor if I experience any new or unusual symptoms during the course of classes.

Date: _____

Signature: _____