



## Pilates Course Re-Booking Form: March - April 2019

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The next **7-week course** of Pilates classes is due to commence the week beginning: 4<sup>th</sup> March 2019 bringing us to (and including) the week beginning 15<sup>th</sup> 2019. **ALL CLASSES ARE RUNNING OVER THE EASTER HOLIDAYS.**

**Please ensure booking forms are returned & invoices paid before Thursday 21<sup>st</sup> February @ 12 noon - to secure your place and to avoid late payment penalty fees.**

**After this time any unpaid spaces will be released to the waiting list and we have a waiting list for several courses!**

Forms can be returned by email, printed and brought to the clinic, or paper copies will be available at your class.

Please remember to document any classes you cannot attend on the booking forms with preferred catch-up dates. These requests will have priority for catch-up class spaces that become available.

**Payment by Monthly Standing Order is now available: 1 class / week = £30 / month; 2 classes / week = £55 / month; 3 classes / week (or more) = £80 / month.** This covers 48 classes each year. The remaining 4 classes are for weeks the clinic is closed (usually Easter, Spring Bank Holiday week, Christmas and New Year). If your class doesn't run for more than 4 weeks in 2019, due to illness, weather or holidays for example, you will receive a credit note for £7.50 per class. \*\*Over the summer period, classes will run as previous summers as "book per class"; if the summer period is 5 weeks, and you pay 1 class / week by standing order, then you can choose **any** 5 classes to attend in this period. The Christmas classes are not included in standing order fees and must be paid for separately. If you do choose to pay by standing order, please ensure it is set up and the first payment has been made before the start of the course to avoid late payment penalties! Any questions – please ask!!

***Standing order is: easier, quicker, wont incur late payment fees (potentially just chased for your booking forms), and the standing order prices will NOT be increased throughout the whole of 2019.***

Once the course has commenced, any further class changes are to be made by texting Jo on 07543 944938 (preferred), or by sending an email to [info@pilatesclinicretford.co.uk](mailto:info@pilatesclinicretford.co.uk) **by 4pm the DAY BEFORE your class at the latest.** If it is later than this you will forfeit your catch-up class as I will not have time to offer your space as a catch-up to someone else. I will pass any messages on to your regular Physiotherapist, but please contact Jo for anything related to your class. Please remember catch-up session for missed classes cannot be guaranteed, and they cannot be carried over to the next course.

Look forward to seeing you continue enjoying Pilates at Pilates Clinic Retford ☺ Jo x



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<b>Name:</b>	
<b>Date Of Birth:</b>	

### **Pilates Courses:**

Monday 9.30am      Monday 11.45am      Monday 6.30pm      Monday 7.30pm  
Tuesday 9.30am      Tuesday 1.30pm      Tuesday 6.30pm      Tuesday 7.30pm  
Wednesday 6.30pm      Wednesday 7.30pm      Thursday 9.30am      Thursday 10.30am  
Thursday 1.30pm      Thursday 5.30pm      Thursday 6.30pm

*(please circle / highlight the course / courses; if you wish to change day or time please check with Jo for availability – several courses have a waiting list!)*

**Cost: £52.50 for 1 course; £100 for 2 courses\*; £140 for 3 courses\***

**\* Two & three course discount is only applicable when booked for ONE member during the same block of courses e.g. Monday morning AND Wednesday evening.**

**It CAN NOT be used for couples attending the same course or for one person attending consecutive courses (courses are different lengths and therefore different prices).**

### **Total due:**

#### **Payment methods:**

Cash

Cheque (made payable to "Pilates Clinic Retford")

**BACS transfer or Monthly Standing Order (sort code: 777154, account no: 24434368)**

**Do you require a receipt?    Yes     No**

**Dates cannot attend Class:**

**Preferred catch-up dates:**



## **Pilates Course Re-Booking Form:** **March - April 2019**

### **Current Medical History**

Please give details of any medical problems that have arisen since your initial assessment /or since completing you last re-registration form:

### **Pregnancy**

Are You Pregnant? Yes  No

If yes, when is the due date?

If yes, have you had any complications with your pregnancy? Yes  No

### **Any other comments?**

**THIS INFORMATION IS PROTECTED BY THE DATA PROTECTION ACT 2018**

### **PILATES PARTICIPATION INFORMED CONSENT**

I understand that the Pilates program will begin at a low level and will be advanced in stages depending on my ability and fitness level and ongoing assessment. I will exercise at my own rate and within my own level of comfort and ability, and I realise that I may stop exercising at any time because of feelings of discomfort, pain or fatigue.

I understand that there exists the possibility of certain dangers when exercising. These include abnormal blood pressure, fainting, abnormal heart rhythm and in rare cases, heart attack, stroke or death. While every care will be taken, it is impossible to predict the body's exact response to exercise.



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I understand that these sessions are not a substitute for medical advice or treatment. If I have any doubts about the suitability of the exercises I will refer back to my medical practitioner. I understand that my Physiotherapist can accept no liability for personal injury related to participation in a session if:

- My doctor has, on health grounds, advised me against such exercise
- I fail to observe instructions on safety and technique
- Such injury is caused by the negligence of another participant in the class

It is advisable to inform your GP prior to starting any new form of physical exercise.

If for any reason my health or ability to exercise changes, I will inform my Physiotherapist before the Pilates session commences.

My Physiotherapist reserves the right to stop a course of treatment at any time if she believes, in her professional opinion, that it is in the interests of me, the Client, or her, the Physiotherapist, for the treatment to stop.

**\*I consent to my Physiotherapist frequently using a hands-on approach to correct alignment of my body parts or alter the way an exercise is performed.**

**\*I consent to my Pilates classes being observed by APPI Pilates students and/or Physiotherapy work experience students.**

**I understand:**

- **Once a course of classes has commenced, no refund can be given for missed sessions.**
- **If a session is cancelled by the Physiotherapist, a credit note or refund will be given for that session.**
- **A minimum of 5 clients must be booked onto a course for that course to run. If this number is not met, a full refund will be given.**

***I acknowledge that I have read this form in its entirety or it has been read to me. I have completed all sections in full and the information I have given is correct. I understand my responsibility in the Modified Pilates Exercise Classes in which I will be engaged. I accept the risks, rules, and regulations set forth. Knowing these, and having had an opportunity to ask questions which have been answered to my satisfaction, I consent to participate in Modified Pilates Exercise Classes / 1:1 sessions.***

**Signed**

**Date**

**Print Name**

*Address for posting booking forms:*

*Pilates Clinic Reford*

*Dental 22 Buildings,*

*Chapelgate*

*Retford*

*DN22 6PL*