



Pilates Course Re-Booking Form: October - December 2018

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The next **8-week course** of Pilates classes is due to commence the week beginning: 29th October bringing us to (and including) the week beginning 17th December 2018.

Please ensure booking forms are returned & invoices paid before Thursday 18th October @ 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. 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.

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 **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.

If you have not already completed the “Agreement to Policies and Consent to Treatment” form, please do so now! Ask at class for a paper copy if needed. The first 4 sections MUST be signed and dated to permit you to continue attending classes at the clinic. Any questions, please ask!

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

Address for posting booking forms:

*Pilates Clinic Reford
Dental 22 Buildings,
Chapelgate
Retford
DN22 6PL*



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Name:	
Date Of Birth:	

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 6pm	Wednesday 8pm	Thursday 9.30am	Thursday 10.30am
Thursday 1.30pm	Thursday 5.30pm	Thursday 6.30pm	

Gym Ball Pilates Classes:

Wednesday 7pm

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

Cost: £60 for 1 course; £110 for 2 courses*; £160 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 (sort code: 777154, account no: 24434368)

Dates cannot attend Class:

Preferred catch-up dates:



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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



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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.

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 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