



PD Warrior Course:
Re-Booking Form:
October - December 2018



Name:	
Date Of Birth:	

The next PD Warrior course will commence Wednesday 3rd October, and run for 12 consecutive weeks, bringing us to Christmas 2018.

Please ensure these forms are returned **as soon as possible** so we can determine if numbers are sufficient to run the course.

Kind regards

Jo

Course: PD Warrior; Wednesday 4.45pm

Dates:

Wednesday 3 rd October	Wednesday 14 th November
Wednesday 10 th October	Wednesday 21 st November
Wednesday 17 th October	Wednesday 28 th November
Wednesday 24 th October	Wednesday 5 th December
Wednesday 31 st October	Wednesday 12 th December
Wednesday 7 th November	Wednesday 19 th December

Please cross off any classes you know that you cannot attend

Fees

£100 for all 12 classes

(this allows for 2 week holiday; if you attend all 12 classes, then 2 are for FREE!!)

Cash

Cheque (made payable to "Pilates Clinic Retford")

BACS transfer (sort code: 777154, account no: 24434368)

Address for posting booking forms:

Pilates Clinic Retford, Dental 22 Buildings, Chapelgate, Retford. DN22 6PL.



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General Health

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

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?



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PD WARRIOR PARTICIPATION INFORMED CONSENT

The PD Warrior program will continue to be advanced in stages depending on your fitness level. It is important for you to exercise at your own rate and within your own level of comfort and ability. Your Physiotherapist may stop the exercise session because of signs of fatigue or excessive strain. It is important for you to realise that you may stop exercising at any time you wish because of feelings of discomfort, pain or fatigue.

If for any reason your health or ability to exercise changes, I must inform the Physiotherapist before the PD Warrior class commences.

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 PD Warrior 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 PD Warrior classes being observed by Work Experience Pilates students or Physiotherapy students.**

THIS INFORMATION IS PROTECTED BY THE DATA PROTECTION ACT 2018

Please note:

- Once a course of classes has commenced, no refund can be given for missed sessions.
- If a session is cancelled by the Physiotherapist, a full refund will be given for that session.
- A minimum of 4 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 / 1:1 sessions 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.

Signed

Date

Print Name