



**PD Warrior Course:
Re-Booking Form: January – March 2019**



Name:	
Date Of Birth:	

The next PD Warrior course will commence Wednesday 9th January 2019, and run for 12 consecutive weeks, bringing us to the end of March 2019.

Please note the fees / payment structure has changed format. Class fees remain the same but it is now £100 per quarter for all class members: 12 for the price of 10 if you attend all! There will be 8 “free” classes throughout the year, so if you are away for a month this course, you should make the classes back later in the year! The PD Warrior classes will not be running over the Christmas fortnight, and the additional 2 classes not included in the fees are to accommodate for classes cancelled due to illness, weather or holidays. If we have more than 4 weeks when classes are not running over 2019 then you will receive a credit note for £10 per cancelled class. There is also the option to pay by monthly standing order. Any questions, please ask!

Please ensure booking forms are returned & invoices paid before Thursday 13th December @ 12 noon - to secure your place and to avoid late payment penalty fees.

Kind regards

Jo

Course: PD Warrior; Wednesday 4.45pm

Dates:

Wednesday 9th January	Wednesday 6th February	Wednesday 6th March
Wednesday 16th January	Wednesday 13th February	Wednesday 13th March
Wednesday 23rd January	Wednesday 20th February	Wednesday 20th March
Wednesday 30th January	Wednesday 27th February	Wednesday 27th March

Please cross off any classes you cannot attend

Payment (please circle):

- Cash (£100)
- Cheque (£100) (made payable to “Pilates Clinic Retford”)
- BACS transfer (£100) or Monthly Standing Order (£33.33 per month):
sort code: 777154, account no: 24434368

Do you require a receipt? Yes No

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