

# PILATES WITH FRAN BOOKING FORM

## Pilates courses starting June/July 2017 at Wendy Whatling School of Dance, Unit 11a/Dyke Rd Mews/74-76 Dyke Rd, Brighton BN1 3JD.

Please complete this Booking Form and the Client Enrolment Form\* and send together with your payment **before** the start of the course. Please also ensure you are aware of the course dates and that you have read and understood the Terms of Booking.  
Many thanks and look forward to seeing you in class!

Name:
Phone:
Email:
Emergency contact name & tel. no:

### Your Course Booking: (please tick the course you are booking)

1) <b>Mondays 9.30-10.30am <i>Intermediate/adv level</i></b> June 26, July 3, 17 (3-week course, <i>please note NO class on Jul 10</i> ) Fee: £30 <input type="checkbox"/>
2) <b>Tuesdays 9.30-10.30am <i>Mixed level</i></b> June 13, 20, 27, July 4, 11, 18 (6-week course) Fee: £60 <input type="checkbox"/>
3) <b>Tuesdays 8.15-9.15pm <i>Intermediate/adv level</i></b> June 13, 20, 27, July 4, 11, 18 (6-week course) Fee: £60 <input type="checkbox"/>
4) <b>Wednesdays 8.15-9.15pm <i>Beginners/mixed level</i></b> June 14, 21, 28, July 5, 12, 19 (6-week course) Fee: £60 <input type="checkbox"/>

### Terms of Booking:

1. \*Places are limited to a maximum of 12 for 'Pilates courses' and 10 for 'Mother & Baby Postnatal Pilates'. In the event of you paying the fee and a class being full, your fee will be returned straight away. There is a minimum number of participants for each course to go ahead. Should this number not be met, you will be contacted and offered an alternative, if available. Otherwise any fees will be refunded in full.
2. \*The Client Enrolment Form must be completed and emailed/sent back before the start of the course if you are new to Fran's classes.
3. **Courses must be paid for in full**, no refund/exchange can be made for any missed classes. Payment is required before the start of the course. **Please pay by BACS internet banking using the account details: F M Baglione Sort Code: 204976 Account no: 20089338. (Please reference the payment with your name plus the course you require e.g. FBlogs Tues 8:15).** Alternatively, If paying by cheque, please make payable to "Francesca Baglione" and send to 2 Walnut Close, Brighton BN1 6RW.
4. Class Cards (if applicable to course) are non transferable and must be paid for in advance. Please note that in the event of a full class priority will be given to clients who have signed up to a whole course. It is advisable to call/email me beforehand to check space.

e: pilateswithfran@gmail.com / t: 07958 204211 / pilateswithfran.co.uk

# Body Control Pilates® Client Enrolment Form

All information will be treated in the strictest confidence.

<b>Name:</b>	.....
<b>Address:</b>	..... .....
	<b>Postcode</b> .....
<b>Telephone No: home:</b>	.....
	<b>mobile:</b> .....
<b>email address:</b>	.....
<b>Date of Birth:</b>	.....
<b>Occupation:</b>	.....
<b>Sports / Hobbies:</b>	.....

**Does your work / sport involve any of the following?** Please tick:

Sitting for long periods	<input type="checkbox"/>	Driving	<input type="checkbox"/>
Bending	<input type="checkbox"/>	Standing	<input type="checkbox"/>
Lifting heavy weights	<input type="checkbox"/>	Any other repetitive action	<input type="checkbox"/>

- 1) Has your doctor ever said that you have any sort of heart trouble or defect?  
Yes  No
- 2) Have you ever been told that you have arthritic joints or any bone or joint problem that may be made worse by exercise?  
Yes  No
- 3) Are you pregnant, or have you had a baby in the last 6 months?  
Yes  No
- 4) Do you often get headaches, feel faint or dizzy?  
Yes  No
- 5) Have you ever had surgery?  
Yes  No
- 6) Do you suffer from asthma, diabetes or epilepsy?  
Yes  No
- 7) Do you suffer from back pain or neck pain?  
Yes  No
- 8) Do you have pain or restricted movement in any other joints?  
Yes  No
- 9) Is your blood pressure?  
High  Low  Normal
- 10) Are there any movements that cause you pain?  
Yes  No
- 11) Are you taking any drugs or medication which may affect your ability to exercise?  
Yes  No

If you have answered 'yes' to any of questions 1-11, please give relevant details in confidence.

12) Have you been referred to Pilates by a specialist practitioner, e.g. GP/physiotherapist/osteopath/chiropractor? Yes  No

13) If Yes, do you hereby give permission for us to contact them? Yes  No   
Please state their name and contact number.

Their Name: .....Telephone: .....

***Please advise us before commencing a session if for any reason your ability to exercise has changed. It is inadvisable to do Pilates between weeks 8 to 14 of pregnancy, unless by special arrangement with your teacher. It is also wise to wait six weeks after the birth before resuming exercise.***

***Pilates exercises are very safe but, as with all forms of physical exercise, it is prudent to consult your doctor before starting Pilates sessions.***

***These sessions are not a substitute for medical counselling or treatment. If you have any doubts about the suitability of the exercises, you should refer back to your medical practitioner. The teacher can accept no liability for personal injury related to participation in a session if:***

- ***your doctor has, on health grounds, advised you against such exercise.***
- ***you fail to observe instructions on safety or technique.***
- ***such injury is caused by the negligence of another participant in the class/studio.***

Exercise should be performed at a pace which feels comfortable for you. PAIN is the body's warning system and should NOT BE IGNORED.

I confirm that I have read and understood the above advice and that the information I have given is correct.

Signed .....

Date .....

For Teacher Use only: