

# BODYCONDITIONING

## STUDIO

Dear

Thank you for booking onto the course of Pilates classes. We are delighted that you have decided to try Pilates with us.

Your class starts on \_\_\_\_\_ at \_\_\_\_\_ for \_\_\_\_\_ weeks and lasts for 1 hour.

You will need to send the payment for your class at least two weeks before your class commences in order to secure your booking. You may pay by card, cash or a cheque made payable to 'Body Conditioning Ltd'. The fee for your block of classes is £

You'll want to wear comfortable clothing to begin with such as you would wear for any other type of exercise. No special footwear is needed, just wear socks - Pilates is performed shoeless! There is plenty of parking along Church Street so please do not park in the drive.

We have enclosed a copy of our Terms and Conditions and a Medical Questionnaire that you will need to complete and return.

If there is any other information you need please look at our website [www.bodyconditioning.net](http://www.bodyconditioning.net) or contact Lucy on;

T: 07957 288 759 e-mail: [Lucy@bodyconditioning.net](mailto:Lucy@bodyconditioning.net)

Lucy Haith

We are looking forward to seeing you at The Studio

Kind regards  
Lucy Haith

Physiotherapist  
Pilates Instructor

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## MEDICAL QUESTIONNAIRE

Please complete and return

Private & Confidential

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_\_\_\_ Tel. Numbers. \_\_\_\_\_  
\_\_\_\_\_ Email \_\_\_\_\_

Please underline the appropriate answer.

1. Do you suffer from any heart or lung conditions? Yes/No
2. Do you have any of the following conditions?:  
Backpain Yes/No  
Neckpain Yes/No  
Diabetes Yes/No  
Epilepsy Yes/No  
Asthma Yes/No  
Osteoporosis Yes/No
1. Is your blood pressure: high / low / normal?
2. Do you have any joint problems? Yes/No
3. Have you ever had any major or relevant operations, illnesses or accidents?  
Yes/No
4. Do you consider your general health to be good? Yes/No
5. Are you pregnant or have you given birth within the last year? Yes/No
6. Do you know of any reason that should stop you from taking any exercise?  
Yes/No
7. Is there any further information that you feel we should know? Yes/No

If you have answered "Yes" to any of the above ( except 6 ), please give further details overleaf.

Name: \_\_\_\_\_ Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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# TERMS AND CONDITIONS

PLEASE SIGN AND RETURN

### General Information

- The course of classes costs £ . Receipt of payment confirms the booking of a class place. Cheques are payable to "Body Conditioning Ltd". Payment is for a place in a one hour class taken one per week for weeks at the same time and day of the week.
- Intermediate classes need to be booked in advance to ensure your preferred time and day. Your fee is due at time of booking and receipt of the fee confirms your place. The cost per class is £13.50. Intermediate clients book a block of places in their chosen class in terms i.e. Tuesdays at 8.15 pm for autumn.
- All classes last 1 hour with a maximum of 7 people.
- One to one tuition is available, by appointment
- Your booking is only for the day and time specified - alternatives or refunds cannot be offered

### Medical Information

- You will be asked to complete a health/medical questionnaire and we may suggest that you have a physiotherapy assessment so that we can become fully aware of any problems you may have. The assessment includes the examination of your posture and any muscular imbalances and there is a fee of £35.
- Pilates is a very safe form of exercise, however, as with all forms of exercise it is recommended that you consult your doctor if you suffer from any health problems that would questions its suitability.
- Whist all care will be taken by Body Conditioning Ltd and the Pilates instructors you undertake the Pilates programme entirely at your own risk and wave legal recourse for injury arising from participation in and attendance of classes.

I hereby declare that I know to the best of my knowledge no reason why I should not participate in a Pilates body conditioning programme and I understand and agree to Terms and Conditions.

Name: \_\_\_\_\_ Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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