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AC PILATES STUDIO - PAR-O

In order to enjoy the class to the full and to ensure safety, certain procedures are necessary. Please read and complete the following form. The instructor has the right to refuse to teach you if you do not complete the form in full to the best of your knowledge. All information will be kept confidential and kept under lock and key.

	Condition	Yes	No
1	Are you suffering from a Heart Condition (heart attack, angina, irregular heart beat, hole in the heart etc)?		
2	Do you feel pain in the chest when performing physical activity?		
3	Are you taking medication to control your blood pressure or a heart condition?		
4	Do you have a back or joint problem that could be made worse through physical activity?		
5	Do you knowingly suffer from Diabetes?		
6	Do you suffer from respiratory illness (asthma, bronchitis, emphysema) or have shortness of breath with mild exertion?		
7	Have you ever fainted or become dizzy through light exercise?		
8	Are you under medical treatment for any illness?		
9	Have you had a serious injury or operation within the last 18 months?		
10	Do you smoke? If yes please indicate how many a day?		
11	For ladies only - Are you pregnant (or had a child in the last 3 months)		

Points to remember:

- Follow all guidelines and instructions given by the instructor on each exercise.
- Exercise within your own limits.
- Always maintain a good posture and follow alignment instructions.
- Take water breaks when you feel that you need to.
- Ensure that appropriate clothing and footwear is worn.

I declare that the above details are correct to the best of my knowledge. I agree to notify the instructor/teacher of AC Pilates of any changes to my medical condition. I understand I have been advised not to undertake exercise beyond the range, duration and intensity advised by the instructor. The instructor will not be held responsible, for any harm or injury to any participant who has ignored the above advice whilst taking part in the class.

Contraindications and Injury

Information.....

Date of Birth:.....

Name of Participant.....Signature.....

Date..... Instructor Signature.....

Address & contact no of the Participant.....

TELEPHONE.....EMAIL:.....