



# Student Register

NAME (PLEASE PRINT CLEARLY).....

EMAIL ADDRESS.....

HOME PHONE.....CELL.....

ADDRESS.....

OCCUPATION.....DOB.....

How did you hear of Pilates Nelson?.....

The following questions are used to identify people who may need medical advice before beginning exercise or for those for whom exercise may be inappropriate. All personal information is kept strictly confidential, please write overleaf if necessary.

What is your main reason for attending Pilates?

What regular physical activity do you do?

Do you have Diabetes, Asthma, High or Low blood pressure, or Heart problems?  
(Please circle)

Are you on medication?

Do you have joint problems, arthritis or osteoporosis?

Do you have back pain? When? Why?

Are you pregnant or been pregnant in the past 3 months?

Do you have Pelvic Prolapse?

Have you ever had any major injuries or surgery? When? Why?

Is there any physical reason you shouldn't exercise?

- I certify my answers are true and complete
- I agree I assume responsibility for any changes in my medical condition that may affect my ability to exercise
- I understand payment is due prior to class
- I have read and accept the **PRIVACY POLICY** and **CANCELLATION POLICY**
- I agree to receive the Pilates Nelson Newsletter and updates regarding services by email or txt msg.

Signature.....Date.....