

Pilates medical form

Applicant's details

Surname: _____ First name: _____

Membership No: _____

PLEASE NOTE: The following medical information is required to ensure that the appropriate provisions can be made for your welfare whilst you are participating in our Pilates course. If you suffer from any chronic or recurrent ailment or physical restriction, it must be disclosed in as much detail as possible. Add additional pages if required.

1. Do you suffer from any disabilities or have had a recent injury, operation or illness?

Yes No

Details: _____

2. Are you required to take any medication?

Yes No

Details: _____

Heart, lung and other systems

3. Do you have any of the following?

Diabetes: Yes No

Heart condition: Yes No

Cystic fibrosis: Yes No

High cholesterol: Yes No

Breathing difficulties: Yes No

Unexplained coughing: Yes No

If yes to any of the above, please give details: _____

Brain and muscle system

4. Do you have difficulties with any of the following:

Vision: Yes No

Hearing: Yes No

Speech/language: Yes No

Gross/fine motor skills: Yes No

Poor balance/instability: Yes No

Sleep apnoea: Yes No

If yes to any of the above, please give details: _____

5. Have you ever experienced a brain or spinal injury?

Yes No

Details: _____

Muscle and bone system

6. In the last six months, have you had any muscular pain while exercising?

Yes No

Details: _____

7. Has a doctor treated this pain?

Yes No

Details: _____

8. Have you broken any bones or had an injury to your bones in the last 12 months?

Yes No

Details: _____

Special conditions

9. Do you have any of the following?

Cerebral palsy: Yes No

ADHD: Yes No

Down syndrome: Yes No

Hyper mobility: Yes No

Obesity: Yes No

Intellectual impairment: Yes No

Allergies: Yes No

If yes to any of the above, please give details:

10. Is your blood pressure:

High Low Normal

Details: _____

11. Are you pregnant, or have you had a baby in the last six months?

Yes No

Details: _____

Waiver of claims

To participate in any Aqua Jetty Pilates courses you must complete the following:

I _____ will be attending Pilates. I agree that I do not have any ailments that prevent me from taking part in a Pilates class/course and that I do so at my own risk. If I do have any current problems, I have attached written permission from my medical practitioner, and I am able to attend Pilates floor classes without any risk to myself. I agree not to hold the City of Rockingham, or their agents, responsible for any problems that may arise from attending this course. In the event of an accident/injury, I request that the instructors secure emergency services to provide aid, if in their judgement such services are necessary. I agree to incur any additional expenses associated with such action.

I hereby declare that the information on this form to be true and correct.

Signature: _____ Date: _____

Print Name: _____

Thank you for taking the time to out this form in its entirety. The information that you provide will assist us to ensure that you have a positive and enjoyable experience.

Exclusion of liability

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