****Registration

Form

**NOTE: All information given will be treated strictly confidential**

First name: ................................................................................... Surname: .............................................................................

Address: ………........................................................................................................................................................................................

………………………………………………………………………………….. Postcode: .............................................................................

Email: .......................................................................................... Telephone: ...........................................................................

Emergency Contact Name & Number: ......................................................................................................................................................

**Please answer ALL questions fully**

Have you any previous experience of Pilates and/or Yoga? **YES NO** If YES, how long? ……………………………..

Please briefly tell me your aims/reason(s) for coming to class so that I may tailor class to suit: ………………………………………………..….. …………………………………………………………………..………………………………………………………………………………………………………..

When practicing Pilates and/or Yoga, some medical conditions require special attention – if you are unsure please consult your G.P. or other medical professional prior to participating in class.

For your safety, I require some medical information. Please tick if you have any of the following:

* Recent surgery
* Pregnancy (pre or post-natal)
* Osteoarthritis
* Rheumatoid arthritis
* Osteoporosis
* Asthma
* Epilepsy
* Diabetes
* Glaucoma
* Heart disorders
* Angina
* Auto-immune disorders
* Back pain/problems
* Hip problems
* Knee problems
* Shoulder or neck problems
* High blood pressure
* Low blood pressure
* Multiple Sclerosis (M.S.)
* Chronic Fatigue (M.E.)
* Fibromyalgia
* Lupus
* Anxiety or depression
* Other (discuss with tutor)

If you have ticked any of the above or have any other relevant information that may affect your practice then please provide details on the **back** of this form.

Do you have any injuries (old or current) that may affect your ability to take part in class? **YES NO**

If yes, please provide details on the **back** of this form.

Are you taking any medication that may affect your ability to take part in class? **YES NO**

If yes, **please consult with your G.P. or other health professional prior to taking part in class.**

**INFORMED CONSENT**

* I confirm that I have completed the form fully & the above information is correct.
* I understand that it is my responsibility to:
	+ check with my doctor if I have any medical conditions that may affect my ability to participate in Pilates and/or Yoga
	+ discuss any relevant health issues or changes in medical information with my tutor
	+ follow the advice given by the tutor (e.g. if s/he offers any reason for not joining in any part of the class)
* I consent to take part in Pilates and/or Yoga at my own risk & understand that I can withdraw my consent or discontinue participation in any aspect of the class at any time without penalty or prejudice toward me.
* All personal information will not be shared or sold. Information may be used solely by Kevin Jones & I give my permission to use photographs obtained during classes & workshops as part of his websites, promotional material & other printed publications.

**By signing below, I confirm that I have read the statements above.**

Signed: ........................... Date: ..................

Thank you for completing this form. May I offer you a warm welcome to class. I hope you enjoy your practice.

Kevin Jones is fully insured for Public Liability.