**‘Pilates’ Exercise Class**

**Pre Class Information**

Thank you for considering joining the ‘Pilates’ Exercise Class.

The class is designed to help: increase your body awareness; identify weak muscles & stiff joints; highlight how your body compensates for weakness/stiffness, causing secondary problems elsewhere; target the weak / stiff areas to improve strength & flexibility. Benefits include:

* Improved postural awareness
* Improved flexibility
* Improved strength & muscle tone

We are sure you will find the classes friendly, motivating & enjoyable.

The classes are run by **Chartered Physiotherapist**, Suzanne Wells, who can provide expert tuition & professional advice to maximise the benefit gained.

A simple written record will be made at each attendance to help monitor your progress. This will be kept on site.

**Classes run for 1 hour each week on a five weekly basis. Class sizes are kept to a minimum to allow for excellent supervision.**

**Dress code!**

It is a good idea to wear clothes which are comfortable to exercise in, e.g. track suit/leggings. We exercise in socks rather than trainers or bare feet. If you have a medical condition that could be aggravated by your participation in the class, it might not be appropriate for you to enrol. Please don’t hesitate to consult us and/or your doctor if you are in any doubt as to your suitability, before you enrol.

**If you would like to enrol:**

Please first **check availability and make a provisional booking**.

Please fill in the **Registration Form and Business Agreement Form and return these together with your payment** to the clinic to secure your place**.** When you arrive for your class, you will see two entrances to the clinic, please use the one to the right, which takes you to the Exercise Studio.

**Parking**

**Daytime classes** – Unfortunately we are unable to offer parking for daytime classes as we try to keep the spaces outside the clinic available for patients attending individual appointments. Parking is available a two minute walk away between the business park and the traffic lights.

**Evening classes** - if your class is in the evening, you can park easily within the Business Park.

Please do not hesitate to contact Suzanne if you require any further information.

Suzanne looks forward to meeting you.

**Suzanne Wells MCSP**

**‘Pilates’ Business Agreement Form**

Please fill in the dates you have provisionally booked below. Once we have received your forms and payment, your booking is secured and we will send confirmation and a receipt.

|  |  |
| --- | --- |
| Your **first class** will take place on |  |
| Your **last class** will take place on |  |
| Time of Class |  |

**Terms of Business:**

The full fee for enrolling on the ‘Pilates’ exercise class programme is £50.

Please make cheques payable to “Suzanne Wells”. This payment is non-refundable.

No reimbursement will be made for failure to attend the classes.

It is not possible to alter the dates or times of classes after enrolment.

**Cancellation Policy:**

In the event of you cancelling within a reasonable period prior to the first class we are under no obligation to reimburse.

However, if we are able to find a replacement participant then the clinic will reimburse the fee, less a £10 cancellation fee.

**Disclaimer:**

Every precaution will be taken by our physiotherapists to ensure your safety. You acknowledge that you are aware of the nature of the classes and that some elements will be physically demanding, and that you are aware of the risks involved. You agree that you are physically capable of participating and accept full responsibility for your own participation in the class. You agree that should any medical or physical reason arise prior to or during the class which is likely to affect your ability to safely participate that you will inform the physiotherapist and agree to withdraw from the class. Suzanne Wells / Lakeland & Lunesdale Physiotherapy & Sports Injury Clinic Ltd’s liability for personal injury, death or loss or damage to property is limited to any damage so caused as a direct result of the negligence of the company or the physiotherapist. We shall not be liable to you for any indirect or consequential loss or damage including loss of earnings arising from your participation in the classes nor for an aggregate amount greater than the fee paid for the classes.

We can accept no liability for personal injury related to participation if you have been advised against such exercise; you fail to observe instructions on safety or technique; such negligence is caused by another class participant.

**Client Declaration: I have read the above terms of business, cancellation policy and disclaimer, and confirm that I agree to these terms and conditions. I confirm that I have received and read the pre class information sheet.**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |
| Full Name |  |  |  |

**BODY CONTROL PILATES** ®

**CLIENT ENROLMENT FORM**

**Personal Details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | |  | | Date of birth | |  |
| Address | |  | | | | |
|  | | | | | |
|  | | | | Email Address |  |
| Telephone No: Day | | |  | | Eve. |  |
| Occupation | |  | | | | |

**Your Aims/Goals**

Why did you choose to take up Pilates? (e.g. joint problem, recommendation)

|  |
| --- |
|  |

What would you like to achieve from Pilates over the next three months?

(for example; strength/flexibility/improve posture/reduce stress/relaxation)

|  |
| --- |
|  |

What longer term goals do you hope to achieve over the next twelve months?

|  |
| --- |
|  |

**Your Lifestyle**

|  |  |  |
| --- | --- | --- |
| Sports/Hobbies | |  |
|  | |

Do you consider your lifestyle to be Active Sedentary Stressful? (Please circle)

Does your work or leisure activity involve any of the following?

Sitting for long periods Standing Driving Bending Lifting

|  |  |
| --- | --- |
| Any other repetitive actions |  |

|  |  |
| --- | --- |
| Is this the first time that you have practiced Pilates? |  |

-If no, have you previously attended (please tick)

Studio BCP mat work

Other Pilates mat work At home (book, DVD)

-Number of classes attended (please tick)

0-5 10-20

5-10 20+

**Your Health**

Do you have a heart defect? Yes No (please circle/highlight)

Do you feel pain in your chest when you do physical activity? Yes No

Ladies, are you, or could you be pregnant now? Yes No

|  |  |
| --- | --- |
| - If yes when is your due date? |  |

Have you been pregnant in the last six months? Yes No (please circle/highlight)

|  |  |
| --- | --- |
| -If yes, what kind of delivery |  |

(page 1 of 2)**(Please use back of form to expand on medical history or give any further information on anything you feel may affect your ability to exercise.)**

Do you often get headaches? Yes No

Is your blood pressure High Low Normal?

Do you often feel faint or suffer from dizzy spells? Yes No

Do you ever lose balance because of dizziness or do you ever lose consciousness? Yes No

|  |  |  |  |
| --- | --- | --- | --- |
| Have you had major surgery/ injury? Yes / No (details) | |  | |
|  | |  |
| Have you had minor surgery/ injury? Yes / No (details) | |  |
|  | |  |

Do you suffer from asthma / diabetes / epilepsy? Please circle

Have you been told that you have arthritic joints or any bone or joint problem that may be made worse by exercise?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes / No (details) |  | | | |
| Do you suffer from neck or back pain? Yes / No (details) | | |  | |
| Do you have pain or restricted movement in any other joints? | | | |  |
| Are there any movements that cause you pain? | |  | | |
| Are you taking any drugs or medication which may affect your ability to exercise? Yes No | | | | |

Have you been referred to Pilates by a specialist practitioner? Yes No

|  |  |
| --- | --- |
| -If yes, who by? |  |

-Do you give permission for your Pilates teacher to contact them? Yes No

|  |  |  |  |
| --- | --- | --- | --- |
| -If Yes, please give contact details | |  | |
| Have you been given any remedial exercises? Please describe | | |  |
|  | | |

Please list any further health problems you suffer on the back of this form.

Pilates exercises are safe but it may be wise to contact your doctor before starting a new fitness regime. This is especially advisable if you have any health problems or have answered yes to any of the health questions above.

**Important Information**

Please advise your teacher before commencing a session if your health or ability to exercise changes.

It is inadvisable to do Pilates between weeks 8 to 14 of pregnancy, unless by special arrangement with your teacher. It is also wise to wait 6 weeks after the birth before resuming Pilates. As stated in the medical section, it is advisable to consult your doctor if you are unsure of your suitability to Pilates. Pilates is not a medical treatment.

The instructor can accept no liability for personal injury related to participation if:

* You have been advised against such exercise.
* You fail to observe instructions on safety or technique.
* Such injury is caused by negligence of another participant of the class/session.

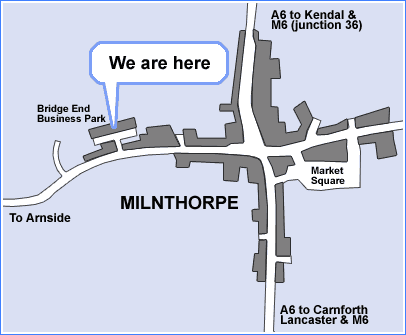
Exercise should be performed at a pace which feels **comfortable for YOU**. PAIN is the body’s warning system and should NOT BE IGNORED. Please inform your teacher immediately if you feel discomfort during the session. Please inform the teacher if you felt discomfort after a previous session. You will gain most benefit exercising at the LOWEST level that is a challenge for you.

I confirm that I have read and understood the above advice and that the information given is correct.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |
| Full Name |  |  |  |

**Directions to the Exercise Studio**

**@ Lakeland & Lunesdale Physiotherapy & Sports Injury Clinic Ltd**



**From the South (M6 & A6 Northbound)**

* Exit M6 at Junction 35, take the first turning on the left towards Carnforth
* Head down the dual carriageway and at the roundabout turn right following the signs for Kendal along the A6
* At the next roundabout head straight on and continue (A6) to Milnthorpe
* At the crossroads/traffic lights in Milnthorpe turn left
* Then take the second entrance on your right into Bridge End Business Park
* The clinic is just to your right, enter the right hand door

**From the North (M6 & A6 Southbound)**

* Exit M6 at Junction 36, turn right onto the dual carriageway (A6) towards Kendal & the Lakes
* Turn off the dual carriageway at the sign for Barrow
* At the roundabout at the bottom of the slip road turn first left, still following the signs for Barrow
* Take the next main turn on the left signposted for Milnthorpe and Levens Hall
* Turn left at the T-junction. Stay on this road (A6) for 2 miles to Milnthorpe
* At the crossroads/traffic lights in Milnthorpe turn right
* Then take the second entrance on your right into Bridge End Business Park
* The clinic is just to your right, enter the right hand door