

Welcome to Dynamic Pilates.

It is our mission to empower you to be in control of your own health and wellbeing. To better serve your needs, we ask that you take a few minutes to complete this form. Thank you.



Privacy Statement: The following information is collected for the purpose of managing studio memberships and to help us understand your specific needs. It will not be used for other purposes, or be passed on to unrelated parties. You can ask to view or correct this information at any time.

First Name: _____ Last Name: _____

Email: _____ Mobile/home ph: _____

Address: _____

D.O.B: _____ Type of Work: _____

Emergency Contact: _____ Mobile: _____

Relationship: _____ Other ph: _____

What specific **health or fitness goals** do you hope to achieve at Dynamic Pilates?

What is your current level of exercise :

Regular low impact Regular high impact Irregular Inactive More details: _____

Have you experienced any recent health events?

Hospitalised recently? Have you given birth recently? Other injury / health event: _____

Have you ever had any of the following conditions?

- | | | | |
|--|---|---|---------------------------------------|
| <input type="radio"/> Gout | <input type="radio"/> Dizziness /Fainting | <input type="radio"/> Palpitations or Pain in Chest | <input type="radio"/> Stroke |
| <input type="radio"/> Hernia | <input type="radio"/> Glandular Fever | <input type="radio"/> Liver or Kidney Condition | <input type="radio"/> Diabetes |
| <input type="radio"/> High Blood Pressure ≥ 140/90 | <input type="radio"/> Heart Murmur | <input type="radio"/> Any Heart Condition | <input type="radio"/> Rheumatic Fever |
| <input type="radio"/> Raised Cholesterol/Triglycerides | <input type="radio"/> Epilepsy | | |
| <input type="radio"/> Stomach or Duodenal Ulcer | | | |

If you ✓ any of the above, please take this form to your doctor and ask for a clearance to exercise before starting any exercise programme, OR sign below if you have already cleared the condition with your doctor.

Condition cleared by: _____ (sign) Date: / /

Describe your **physical history** listing alignments, illnesses, surgeries, pregnancies, any significant medical treatments (from the last 5 years). Tick beside all body parts relevant. Where appropriate please circle L or R.

- | | | | |
|---------------------------------------|---|--------------------------------------|---|
| <input type="radio"/> Head | <input type="radio"/> Neck | <input type="radio"/> Shoulder, L /R | <input type="radio"/> Ribs |
| <input type="radio"/> Arm/Hand, L / R | <input type="radio"/> Upper Back | <input type="radio"/> Middle Back | <input type="radio"/> Lower Back |
| <input type="radio"/> Abdomen | <input type="radio"/> Hip / Pelvis, L / R | <input type="radio"/> Knee, L / R | <input type="radio"/> Ankle / Foot, L / R |
| <input type="radio"/> Other: _____ | | | |

How many times a week do you expect to visit the Dynamic Pilates Studio? _____

How did you hear about us? _____

I _____ (name), understand that physical conditioning and exercise in general has inherent risks which cannot be eliminated. I hereby indemnify and hold harmless Dynamic Pilates and its owners and employees from any and all claims for personal injury or other loss resulting from my participating in Pilates, the Pilates equipment and any other exercise method engaged in on premises.

I take full responsibility for any injury, loss or damage to my person and/or property that may arise directly or indirectly, from my participation in exercise at the studio and agree to participate in sessions at my own risk.

I acknowledge that Dynamic Pilates often takes photos of classes in action to use for promotional purposes around the studio, on Facebook and on their website. I give my permission for photos of me to be used and waive any rights for payment for use of my image.

I agree to Dynamic Pilates emailing me their regular newsletter and acknowledge I can opt-out of this at any time.

I agree to be bound by the rules of the studio, as detailed on DynamicPilates.co.nz.

Due to our class sizes we ask that you book your class early to ensure a place. Please honour the 24 hour cancellation policy for any changes to avoid late cancelation fees. Thank you.

Signature: _____

Date: / /

Dynamic Pilates is the trading name of Village Studios Ltd.



- ✔ *Dynamic Pilates*
- ✔ *Dynamic Cross Training*
- ✔ *Dynamic Boxing*

www.dynamicpilates.co.nz

Office use:

Membership type:	Client entered :	YES
Paid date & type:	Membership entered:	YES
# of clicks to manually enter:	Card provided:	YES