**Pilates Registration Form**

**General information:**

**Name: Date of birth:**

**Address:**

**Post code:**

**Telephone number:**

**Emergency name and number:**

\*during the Zoom Pilates are you at home on your own? - in the unlikely event of an emergency and help may be needed is the above emergency number the best one to contact.

**Pilates Aims:**

**What aspects of health/fitness are you interested in:**

* Core stability
* Strength
* Flexibility
* Posture
* Relaxation

**What are the 3 main things that you would like to achieve from Pilates?**

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**Have you ever been injured in the past, if so, what was the injury and how did you over-come it?**

**Are you aware of any weaknesses or certain areas that you would like Pilates to focus on?**

**Lifestyle:**

**What is your occupation:**

**Does it involve any repetitive movements and/or prolonged postures?**

**General health:**

Do you experience lower back pain Y/N

Any other spinal condition Y/N

Heart problems Y/N

High/low blood pressure Y/N

Asthma Y/N

Osteoporosis Y/N

Any surgery in the past Y/N

*Please give details of any other health related conditions or injuries you have which may affect your ability to participate in Pilates*

**Signed: Date:**

**Email to Frankie at franks\_56@outlook.com**