
WHARFEDALE PILATES PLUS

HEALTH SCREENING QUESTIONNAIRE & INFORMED CONSENT

NAME CLASS DAY/TIME

MOBILE..... EMAIL ADDRESS

TOWN OF RESIDENCE

OCCUPATION

1. Are you on any medication that may affect you during the session? (if answered yes please give details – use back of sheet if needed)

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2. Have you any illnesses/disabilities, injuries, or joint problems (if you answered YES please give details)

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3. Are you pregnant or been pregnant in last six months?

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4. In brief please state your recent exercise history

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5. Are there any other conditions that your instructor should be aware of? (if you answered YES please give details and contact numbers if possible ie. Stiffness on awaking/pains when walking etc.,

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6. How did you come across Wharfedale Pilates e.g. friend/internet?

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If you have answered YES to any of the above questions you may wish to seek medical approval to continue with our training. Please feel free to mention anything else that may be needed to know to keep your session safe both now and as the training progresses.

Whilst ever effort is made to keep the session both safe effective there is a risk of injury as with any program of activity. You are participating of your own free will. On rare occasions there may be a stand in teacher/and or a video to be used for that week's lesson. All fees are paid six weeks in advance (non-refundable) for the following and only continuous six weeks. If notice is given in advance an alternative lesson will be offered during any fully paid up block.

NAME

SIGNATURE

DATE