

Pilates class consent form Physical Activity Readiness Questionnaire (PARQ)

(Held In-Confidence Once Completed)

Full name:

Contact phone number:

Emergency contact name & number:

Address:

.....

Email address:

Date of birth:

Class day & time:

Regular physical activity can be enjoyable and healthy, and for most people does not pose a problem. The below questionnaire is designed to identify the small number of people for whom Pilates exercise may be inappropriate.

Please mark Yes or No in answer to the following questions...

If yes, please give details

	YES	No	Details
Problems with neck or back.			
Problems with any other joints.			
Any joint replacements? When.			
Heart or circulatory problems? E.G. blood pressure, DVT Any respiratory conditions.			
Sciatica.			
Oestoporosis or Osteopaenia.			
Pregnant or had a baby less than 6 months ago.			
Have you recently had surgery.			
Do you take any regular medication I should be aware of?			
Slipped or bulging disc.			
Any other information that may be relevant to taking Pilates?			

If you answered NO to all questions, please sign and date the declaration on the reverse of this page.

If you answered YES to one or more questions we strongly recommend that you consult your doctor before starting Pilates classes.

If your health changes in the future, such that you answer YES to any of the above questions, please inform us immediately.

Declaration:

I hereby confirm that I have read, understood and answered honestly the questions above and that I wish to participate in Pilates activities; which include, slow controlled exercises using resistance equipment and stretching. I am aware that if I choose not to take advice, or to disregard any advice given to me by Charmaine Teversham, Pilates Instructor, I do so voluntarily and accept liability for all resulting injuries or damage. I accept that this PARQ form does not give any advice as to my ability or readiness to participate and that if I have any questions regarding my fitness to participate I will consult my doctor.

Pilates classes need to be paid for in advance, payment must be by cash, cheque or online at www.trainwithcharmaine.com 48 hours cancellation notice to refund or transfer classes.

Your place is only confirmed once payment is received.

Signature:

Print name:

Date:

Additional note: I confirm that, if necessary, I have taken medical advice and my doctor has agreed I should exercise.

Signature:

Print name:

Date: