

Welcome to Centred Soul Pilates Studio. We are excited to have you join us.

Very important, please complete this form and bring it with to your session or you may complete it digitally and email it to [marti@centredsoul.co.za](mailto:marti@centredsoul.co.za) before your session. To complete this form digitally, you can download the [free Adobe Acrobat Reader](#) and select "Fill & Sign" (not "Edit"), save it and email it back to Marti.

## Client Information

Name and Surname: \_\_\_\_\_

Initials: \_\_\_\_\_ Title: Mr / Mrs / Miss / Ms / Dr Date of birth: \_\_\_\_\_

ID No: \_\_\_\_\_ Age: \_\_\_\_\_

### Contact

Mobile: \_\_\_\_\_ Work No: \_\_\_\_\_

Email Address: \_\_\_\_\_

Residential Address: \_\_\_\_\_  
\_\_\_\_\_

### Next of kin

Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Mobile: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Medical Aid and Doctors

House Doctor Name: \_\_\_\_\_ No: \_\_\_\_\_

Physiotherapist Name: \_\_\_\_\_ No: \_\_\_\_\_

Chiropractor Name: \_\_\_\_\_ No: \_\_\_\_\_

Medical Aid Name: \_\_\_\_\_ No: \_\_\_\_\_

Main Member: \_\_\_\_\_

### Referral

How did you hear about our Centred Soul Pilates Studio? \_\_\_\_\_  
\_\_\_\_\_



## Health Questionnaire

Do you have any heart trouble or defect? Yes No

Do you have arthritic joints/bone/joint problems? Yes No

Any operations or major injuries in the last year? Yes No

Please briefly describe your injury. \_\_\_\_\_  
\_\_\_\_\_

Current Treatment: \_\_\_\_\_

Current Medication: \_\_\_\_\_

Do you suffer from back pain? Yes No

Have you been given remedial exercises for any condition? Yes No

Regular dizziness/feeling faint? Yes No

Do you smoke? Yes No

Blood pressure Status? High Low Normal

Do you suffer from: Epilepsy Asthma Diabetes

### Pregnancy

Trying to get pregnant? Yes No

I am pregnant. Yes No

I had a baby in the last 6 months. Yes No

If you had a baby in the last 6 months: Natural Caesarean

If you have answered yes to any of the above or want to give any additional information please explain briefly: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Lifestyle

Does your occupation or physical activities involve:

Sitting for long periods	Yes	No
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Standing for long periods	Yes	No
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Driving for long periods	Yes	No
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Bending	Yes	No
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Lifting heavy objects	Yes	No
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Repetitive action	Yes	No
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How active are you currently (physical training/exercise activities)? \_\_\_\_\_

\_\_\_\_\_

## General

Do you have prior Pilates experience? If yes, level, when and with whom? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your aims, expectations and achievements in doing Pilates? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many times a week are you able to attend a Pilates class, which days and times are best?

\_\_\_\_\_

Additional Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Studio Etiquette and General Information

- All sessions are 55 minutes in duration.
- Please wear comfortable training clothes and socks for hygienic purposes.
- Please bring a towel and a water bottle.
- Kindly spray and wipe off your mat or piece of equipment after use with the cloth and cleaning materials provided.
- Cellphones must be set to silent during all and any classes.
- Be mindful of others practicing and please keep noise level at a minimum.
- Please arrive on time and a few minutes early and only enter the studio at your booked time.
- Please contact us directly if you have any questions, concerns, or compliments.
- Inform your instructor should you feel any pain or discomfort.

## Terms and Conditions of Payment

### Payment Terms

- It is required that fees are paid in **full** and in **advance** of any Pilates session taking place. No payment no class.
- We do not operate on a pay as you go basis.
- Sessions are only valid for the training month regardless of how many sessions you attend.
- No carry-over sessions to the next month or year.
- You will be invoiced for the month in **full** regardless of how many sessions you attended the previous month.
- Months with public holidays will be billed in **full** and normal.

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Initial

### Monthly Invoicing

- You will be charged for a **full** month as you own your specific time slot.
- Sessions falling on a public holiday will be charged and moved to an alternative day.
- Holiday months will be billed in **full**, adequate catch-up sessions will be provided.
- It is your responsibility to arrange catch up lessons.
- December month catch up sessions will be done from as early as October.

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### Cancellations and Refunds

- We follow a strict 24-hour cancellation policy, failure to do so will result in loss of the session.
- Classes cancelled within 24 hours can be rescheduled with your instructor within the same month, depending on availability.
- If for whatever reason we must cancel your session, we will provide you with a different time.
- Should you fail to pitch up for class, a full session rate will be charged.
- We require **one full calendar months** notice via email prior to cancellation of classes.
- If you are unable to continue your scheduled sessions due to medical reasons, Centred Soul Pilates Studio will issue you with a credit (no refunds), you can commence class when the medical reason is no longer valid. Kindly provide us with a doctor's letter.

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## Indemnity and Informed Consent

I confirm that I have read and understood the above advice and that the information I have given is correct. Any questions I had were answered to my full satisfaction.

I am participating in the class on my own free will and understand that as with any exercise program, there is a risk of injury. I release and discharge Centred Soul Pilates Studio from any and all responsibilities or liabilities from injury arising from my participation in the exercise classes taught by Centred Soul Pilates Studio.

I understand that Pilates's exercises and sessions involve hands-on correction, and I hereby consent for Centred Soul Pilates Studio instructors to work with me in this way.

I am in good health and will inform the instructor if I feel unable to continue. I will consult a physician if I experience any medical problems. I am aware of the risks associated with exercise and will not hold Centred Soul Pilates Studio liable for any injuries. I agree to follow Centred Soul Pilates Studio guidelines and cooperate with other participants.

I understand that I will still be liable to pay for my full session whether I am late, I do not attend or I do not cancel 24 hours prior to my class.

I understand tht Pilates sessions are booked and paid upfront.

During a session various exercises will be demonstrated and explained, I accept my responsibility to ask questions should I not understand.

Exercise should be performed at a pace that feels comfortable for you. Pain is the body's warning system. I agree to inform my instructor immediately if I feel any discomfort during a session. In addition, I will inform my instructor if I feel any discomfort after my previous session. I acknowledge that the purpose of this program is to elevate my physical state and fitness, but Centred Soul Pilates Studio does not guarantee any results, nor guarantees advice given by Centred Soul Pilates Studio trainers.

Centred Soul Pilates Studio accepts no responsibilities for personal possessions damaged or lost on its premises.

I acknowledge that the purpose of this programme is to elevate my physical state and fitness but that Centred Soul Pilates Studio does not guarantee good or bad results will occur nor guarantees the training advice given by Centred Soul Pilates Studio trainers will produce good or bad results.

I acknowledge that I am aware that if I feel tired, pain or out of the ordinary in any way, either related to my training or otherwise, that I will consult a physician at once.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Client's Name and Surname (Print)

\_\_\_\_\_  
Client's Signature

