

Booking Form

Name	
Email	
Phone	
Class day & time	
Pay preference	<p>Pay in full £.....</p> <p>Instalment option (Half now and 2nd half by end of first half term)</p> <p>Amount: £.....</p>

Conditions

You can make up a maximum of 3 missed classes within the same term.

Session Cards - If you can't commit to a full term, or want to try 2 classes a week, you can buy 10 classes to use in this term.

*Attending class **twice a week** will bring **faster and more obvious positive changes** to your posture and body shape! And it's **10% off!***

Please make cheques payable to **Kath Pilates Leeds** and return the form to:

Kath Nisbet
62 Foxcroft Mount
Leeds
LS6 3NW

Please complete the health questionnaire on the following page

Physical Activity Readiness Questionnaire

Name and Phone:

Emergency Contact:

Have you had any of the following? (if so, please give full details)

1. A heart or lung condition of any sort
.....

2. High or low blood pressure
.....

3. Anaemia, excessive fatigue or dizzy/fainting spells
.....

4. Joint pain or any problems with your bones
.....

5. Back ache or pain
.....

6. Any injuries or recent operations
.....

1. Are you taking any medication, if so what?
.....

2. Are you pregnant or have you had a baby in the last 6 months?
.....

3. Do you suffer from any other illnesses, pains or problems which may affect your ability to exercise?
.....

If you have answered yes to any of the above questions, please get clearance from your Doctor or Physiotherapist to start exercising.

I have read, understood and completed this questionnaire to my full satisfaction. I willingly participate in these Pilates classes and take full responsibility for any injury or damage to my person or property that may arise directly or indirectly from participation in these classes. I agree to inform my instructor at the start of each class if any of the above info changes.

Signed:

Date: