

Welcome Profile

All information given on this form will be treated as confidential.

Name: _____ Mobile: _____

Address: _____

Email Address: _____

Yes please give me a **free class on my birthday**, and updates on special offers and upcoming events (please tick)
Email

Date of Birth: _____ Occupation: _____

How did you hear about us? Walked/Drove past Letterdrop Flyer/Noticeboard (where?) _____

Friend/Health Practitioner - Who may we thank? _____

Internet Search (which one please) _____

Medical History. Please indicate if you have suffered any of the following conditions:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Gynaecological &/Or |
| <input type="checkbox"/> Knee Pain | <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Heart Conditions | <input type="checkbox"/> Menstrual Disorders |
| <input type="checkbox"/> Neck Pain | <input type="checkbox"/> Asthma | <input type="checkbox"/> Stress/Anxiety | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Shoulder Pain | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Depression | <input type="checkbox"/> Hernias |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Digestive Conditions | <input type="checkbox"/> CFS |

If you are pregnant, what is your due date? _____ Mum & bubs Classes - Baby Name & DOB _____

Are you currently taking any medications? Yes No If yes, for which condition(s)? _____

Please detail body conditions (ie back pain diagnosis) and anything else you feel is important for us to know about you

What are your main reasons for taking this class?

- | | | | |
|--|--|---|--------------------------------------|
| <input type="checkbox"/> Flexibility | <input type="checkbox"/> General Health | <input type="checkbox"/> Increased strength | <input type="checkbox"/> Weight loss |
| <input type="checkbox"/> Stress management | <input type="checkbox"/> Specific health condition _____ | <input type="checkbox"/> Other: _____ | |

Agreement: I will notify my teacher before class begins of any recent injury, illness, surgery or commencement of pregnancy. To ensure that no personal injury occurs, I agree to adjust my practice according to my limitations and the decision to perform any exercise remains mine. I understand that I am engaging the services of the teacher at each class that I participate in, and that the teacher-student relationship is between myself and the teacher of each class, and that my teacher and Transform Yoga Pilates Barre is providing the opportunity, premises and equipment to allow the classes to be conducted. I expressly waive any claim I may have against Transform Yoga & Pilates for any injury or loss sustained by me while undertaking my practice under their instruction.

We don't currently send sms, but for your possible future benefit, tick to SMS opt in to occasional offers

Signed: _____

Date: _____