

**PERSONAL DETAILS:**

<b>Name:</b>		<b>DOB:</b>	
<b>Address:</b>			<b>Postcode:</b>
<b>Phone:</b>	<i>(m)</i>	<i>(h)</i>	<i>(w)</i>
<b>Email:</b>			<b>Occupation:</b>
<b>Emergency Contact:</b>			<b>Emergency Contact Phone:</b>
<b>Do you have any Private Health Insurance (eg Medibank, HBF)?</b>			Y / N
<b>Indicate Fund:</b>			_____

**How did you hear about Pilates at Bodysmart Health Centre?**

<input type="checkbox"/> Search Engine	<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Workplace Expo	<input type="checkbox"/> Flyer - Workplace
<input type="checkbox"/> Newsletter	<input type="checkbox"/> Internet Search	<input type="checkbox"/> Health Insurance Website	<input type="checkbox"/> Ergonomic Assessment
<input type="checkbox"/> Doctor (Please specify) _____			
<input type="checkbox"/> Friend /Colleague ( <b>please specify name</b> ) _____			
<input type="checkbox"/> Other (Please specify) _____			

Would you like to receive our FREE monthly health and wellbeing e-bulletin?      Yes       No

Would you like to receive a link to our Facebook page (exclusive offers advertised)?      Yes       No

**EXERCISE HISTORY**

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Have you been exercising regularly? (Please circle) YES | NO

(a) If yes, please provide details of the following:

- \* Type of exercise \_\_\_\_\_
- \* Frequency of exercise \_\_\_\_\_
- \* Your perceived intensity when exercising?    Hard | Medium | Light | Very Light

(b) If no, approximate date you last exercised regularly? \_\_\_\_\_

**MEDICAL CONDITIONS**

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Did a medical practitioner / health care professional recommend that you commence Pilates? If so please provide details: Name and Specialty \_\_\_\_\_

If you are female, are you pregnant or have you given birth within the last 6 months?  
YES | NO – Provide details \_\_\_\_\_

**Do you suffer any of the following?**

<input type="checkbox"/> Nervousness	<input type="checkbox"/> Shoulder pain	<input type="checkbox"/> Mid back pain
<input type="checkbox"/> Chronic Irritability	<input type="checkbox"/> Arm / elbow pain	<input type="checkbox"/> Rib pain
<input type="checkbox"/> Insomnia	<input type="checkbox"/> Arm weakness	<input type="checkbox"/> Low back pain
<input type="checkbox"/> Head/face pain	<input type="checkbox"/> Hand / wrist pain	<input type="checkbox"/> Ankle / foot weakness
<input type="checkbox"/> Headache	<input type="checkbox"/> Finger numbness	<input type="checkbox"/> Buttock pain
<input type="checkbox"/> Dizziness	<input type="checkbox"/> High Blood press.	<input type="checkbox"/> Leg pain
<input type="checkbox"/> Nausea / vomiting	<input type="checkbox"/> Low Blood Press.	<input type="checkbox"/> Leg weakness / numbness
<input type="checkbox"/> Eye disorder	<input type="checkbox"/> Chest pain	<input type="checkbox"/> Abdominal pain / cramp
<input type="checkbox"/> Sinusitis	<input type="checkbox"/> Indigestion	<input type="checkbox"/> Kidney disorder
<input type="checkbox"/> Asthma	<input type="checkbox"/> Foot / toe numbness	<input type="checkbox"/> Urinary problems
<input type="checkbox"/> Neck pain	<input type="checkbox"/> Calf cramping	<input type="checkbox"/> Shortness of breath

**TERMS AND CONDITIONS**

By participating in this offering you enter into a legally binding agreement with the Exercise Class Operator -BODYSMART HEALTH SOLUTIONS PTY LTD, trading as “BODYSMART HEALTH CENTRE” and agree to comply with and adhere to the following terms and conditions:

1. Enrolment in any session will only be confirmed upon receipt of this form, duly completed together with payment of fees for the sessions enrolled in. Session availability will be filled in the order in which enrolment forms and session payments are received (i.e. 'first in, best dressed').
2. In regard to any medical condition disclosed on this form, participants undertake to obtain clearance from their medical practitioner prior to enrolling in these sessions.
3. Credits for non-used sessions will be given only in the case where a valid medical certificate is presented to Bodysmart Health Centre that is issued by a certified General Practitioner or Bodysmart Physiotherapist and at the sole discretion of Bodysmart Health Centre.
4. Non-used credits can be transferrable to another participant, if still valid; however, it is your responsibility to find a suitable replacement participant.
5. For reasons of hygiene, participants are required to bring and use a towel large enough to lie on, or alternatively wipe the mat down after the session.
6. If you are unable to make a session we ask that you give us a minimum of 24 hrs notice. Participants will be billed the normal session fee if less than 24 hrs notice is given.
7. It is the participant’s responsibility to book their sessions through Bodysmart Reception via phone or email. Five, 10 and 25 pack purchases are valid for 6 weeks, 12 weeks and 8 months respectively. Any unused credit will be forfeited if not utilised within this timeframe.
8. In the interest of safety for all participants, and as class sessions are structured, those who arrive more than 10 minutes late will NOT be permitted to enter the class. The participants will not receive a refund or credit for this session.
9. A separate initial assessment is required prior to attending Mat Pilates, Strength, and/or Group Reformer.
10. General Class packs can be used interchangeably for Mat Pilates, Strength and Stretch and Roll once the initial assessment is done for that particular session type. General Class packs cannot be used for Group Reformer or Clinical (1:3) sessions.
11. Group reformer packs can be used for General Classes, but not Clinical (1:3) sessions.

**DECLARATION**

Bodysmart Physiotherapists will take utmost care to ensure your health and safety is a primary concern however we need to make you aware that exercise is not without risk to the musculoskeletal and cardiovascular systems.

I acknowledge I have voluntarily elected to participate in an exercise program with BODYSMART HEALTH CENTRE. I will not hold BODYSMART HEALTH SOLUTIONS responsible or liable for any personal injury or loss or damage which may result from my participation in any proposed exercise program with BODYSMART HEALTH SOLUTIONS.

Further, I agree to accept the above Terms and Conditions.

SIGNED: \_\_\_\_\_ DATED: \_\_\_\_\_

**ENROLMENT**

Please enrol me in:

<input type="checkbox"/> Initial Mat Pilates Assessment 1:1 30 mins(required to attend Mat Pilates sessions )	\$84
<input type="checkbox"/> Initial Group Reformer Assessment 1:1 30 mins (required to attend Group Reformer sessions )	\$84
<input type="checkbox"/> Initial Strength Assessment 1:1 40 mins (required to attend Functional Strength Sessions )	\$135
(All - pay on the day of service)	
1:1 Session (optional) 30 minute or 40minute options (based on recommendation of Physiotherapist) (Pay on the day of Service)	

General Class Packs (Mat Pilates / Functional Strength / Stretch and Roll)			
<input type="checkbox"/> Casual	\$30/session (Pay on the day)	<input type="checkbox"/> 10 Pack	\$220 - \$22/session (Valid 3 months)
<input type="checkbox"/> 5 Pack	\$125 - \$25/session (Valid 6 weeks)	<input type="checkbox"/> 25 Pack	\$495 - \$19.80/session (Valid 8 months)
Group Reformer Pilates Packs			
<input type="checkbox"/> Casual	\$40/session (Pay on the day) NO BUPA	<input type="checkbox"/> 10 Pack	\$305 - \$30.50/session (Valid 3 months)
<input type="checkbox"/> 5 Pack	\$175 - \$35/session (Valid 6 weeks)	<input type="checkbox"/> 25 Pack	\$725 - \$29/session (Valid 8 months)

**PAYMENT**

Payment via (please circle):    Cash | EFTPOS | Credit

I \_\_\_\_\_ authorise Bodysmart Health Solutions to deduct \$\_\_\_\_\_ from my

VISA             MASTERCARD

**Card number:**

**Card expiry:**

/  /

**Credit card verification / CCV:** (last 3 digits on back of card)

**Name on card:** \_\_\_\_\_ **Signature of card holder:** \_\_\_\_\_

Please fax completed form to (08) 9481 8709 or scan and email to [reception@bodysmart.com.au](mailto:reception@bodysmart.com.au)