

COURSE REGISTRATION

FIT SCHOOL WOMEN

PERSONAL DETAILS:	
Full Name:	
DOB:	
M/F:	
Address:	
Contact telephone:	
Work email:	
Other email:	
Emergency Contact Name:	
Emergency Contact Number:	
GP:	

MEDICAL HISTORY (please answer Yes or No)

- Has your doctor ever said you have a heart condition and you should only do physical activity recommended by a doctor?
- Do you feel pain in your chest when you do physical activity?
- In the past month, have you had chest pain when you were not doing physical activity?
- Do you lose your balance because of dizziness or do you ever lose consciousness?
- Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- Is your doctor currently prescribing drugs for your blood pressure or heart condition?
- Do you know any other reason why you should not do physical activity?



COURSE PAYMENT AND REGISTRATION DETAILS

Please make cheques payable to Karen Laing.

BACS transfers to Mrs K L Laing; Barclays; 20-20-37; 20166731
with your name as a reference (please email karenlalaing@gmail.com
to confirm method and date of payment.

Completed forms can be sent to karenlalaing@gmail.com
or posted to: 47 Charles Street, Epping, Essex, CM167AX

If you answered YES to any of the above questions you will need to speak with your doctor BEFORE becoming physically active. Discuss with your doctor the types of exercise you plan on doing.

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Please provide information relating to the following (if not applicable please write N/A):

Any major surgery you have had in the last 10 years
Any minor surgery you have had in the last 2 years
Any serious medical conditions you suffer from (eg: diabetes, epilepsy)
Any minor medical conditions you suffer from (eg: asthma)
Any orthopaedic conditions you may have (eg: osteoporosis, arthritis, back pain)
Any prescribed dietary supplements you are currently taking (type and dosage)
Any allergies, especially to drugs (eg: penicillin)

Has your GP ever told you that you are overweight?
Has your GP ever told you that you have high blood pressure?
Has your GP ever told you that you have high cholesterol?

EXERCISE HISTORY

Have you done any Pilates before?

If so please provide detail (where/with whom/for how long)

Are you (or have you been) involved in any regular exercise programme?

What do you want to get out of your Pilates programme?

PREGNANCY HISTORY [if N/A please strike through this section]

Are you pregnant? How many weeks? What is your due date?

Do you have children? If so, when were they born?

Please give brief labour birth information (eg: C-section/intervention/forceps)

Have you had any complications (eg: prolapse/diastasis recti)?

TERMS AND CONDITIONS

My participation in any fitness training programme with Karen Lisa Laing or Fit School is voluntary.

The information I have given is correct to the best of my knowledge. Save as indicated I am in good physical condition, capable of engaging in active or passive exercise without detriment to my health, safety or physical comfort. I will inform Karen Lisa Laing or Fit School of any changes to my physical condition as soon as possible.

I agree to a 6/10 week course [delete as appropriate].

I understand that my training fee is non-refundable.

All bookings must be placed in writing by completion of the relevant registration forms. Bookings can not be confirmed without receipt of registration form and payment.

Karen Lisa Laing or Fit School reserve the right to eject participants from a course after a verbal warning with no refund.

Karen Lisa Laing or Fit School will not be held responsible for any cancellations due to circumstances outside of their control (eg: travel, weather, sickness). All efforts will be made to re-schedule any training dates.

Disclaimer for all Bababoom Courses

I agree that the therapy that I am receiving in Bababoom's premises in 265 High Road Loughton is the responsibility of the named therapist providing my service. I acknowledge that the role played by Bababoom is purely one of introduction and that my care delivery is covered under the individual insurance of my therapist.

CLIENT_[please sign]:

DATE:

KAREN LISA LAING: