

Mind Body Moment - Client Registration Form



mindbodymoment

All Information provided on this form will be treated in the strictest of confidence

Mind Body Moment teaches the Solomon Yoyalates™ Method, which is a very safe and effective fusion of Pilates and Yoga created by Louise Solomon over 20 years ago.

Before attending any Mind Body Moment class you are required to complete the following.

Please write clearly

Personal Details

Full Name:

Full Postal Address:

Home Telephone:

Mobile:

eMail address:

Your email address will be used by Mind Body Moment to provide course / class information & updates, only

Date of Birth:

Occupation:

Please list your Sports, Hobbies, etc.

Emergency Contact Information

Full Name:

Contact Telephone Number(s):

Your Pilates / Yoga Experience

Will this be your first experience of Yoyalates?

Yes []

No []

If NO, have you previously attended:

Classes []

At home; DVDs / books, etc. []

Other []

Approximate number of sessions attended:

0-6 []

7-12 []

13-18 []

19+ []

Will this be your first experience of Pilates?

Yes []

No []

If NO, have you previously attended:

Classes []

At home; DVDs / books, etc. []

Other []

Approximate number of sessions attended:

0-6 []

7-12 []

13-18 []

19+ []

Will this be your first experience of Yoga?

Yes []

No []

If NO, have you previously attended:

Classes []

At home; DVDs / books, etc. []

Other []

Approximate number of sessions attended:

0-6 []

7-12 []

13-18 []

19+ []

Please be aware that your Mind Body Moment teacher is not a qualified medical practitioner. The answers you provide relating to your Health will assist your teacher to make appropriate modifications to exercises within the class to aid you in your practice.

Your Health

Do you suffer from any of the following conditions?

| | | | |
|-------------------------|----------------------|--|----------------------|
| High Blood Pressure [] | Spinal Problems [] | Depression [] | Anxiety / Stress [] |
| Low Blood Pressure [] | Joint Problems [] | Headaches/Migraine [] | |
| Heart Problems [] | Eye Problems [] | Muscular, cartilage or ligament problems [] | |
| Breathing Problems [] | Are you Pregnant [] | Have you had surgery recently [] | |

If you have selected any of the above conditions, or have other problems not listed that will affect your participation, please provide a little more information.

Are you taking any form of prescribed, or other, medication that may impede your ability to exercise?

There is no need to list the medication

Yes [] No []

If you have indicated above any conditions and medication; have you sought professional medical advice before embarking on any exercise program?

Yes [] No []

If NO, please do seek advice from your Medical Practitioner before joining a Mind Body Moment Class. We have a Mind Body Moment information leaflet that you can take to your medical practitioner.

Why do you wish to join a Mind Body Moment class?

Important Information

It is your responsibility, to inform your teacher of any changes, or other circumstances, that might impede your full participation in the classes. Your Mind Body Moment teacher cannot accept liability for any personal injury sustained during a class.

Please respect and listen to your body throughout the class, should you feel pain or discomfort at any time during or immediately after a class, inform your Mind Body Moment teacher immediately.

Your Declaration

I confirm that, for my own safe practice, hands-on correction is appropriate and necessary and I am happy for my Mind Body Moment teacher to work in this way. However, should I not want this at any time I will inform the Mind Body Moment teacher.

By signing this form:

I confirm that I have read and fully understand the above important information.

I confirm that I have read and fully understand Mind Body Moment's Class Terms & Conditions.

I confirm that the information I have provided in this form is correct at the time of writing.

Client Signature: _____

Date: _____