



Cotswold **Chiropractic**
and **Massage Clinic**

CCM PILATES REGISTRATION FORM

**TITLE.....FIRSTNAME.....LASTNAME.....D.
O.B...../...../.....AGE.....**

**ADDRESS.....
.....**

**POSTCODE.....CONTACT No.(1).....(2)
.....**

**EMAIL ADDRESS.....
PROFESSION.....**

**GP NAME AND
ADDRESS.....
.....**

**EMERGENCY CONTACT NAME (RELATIONSHIP TO YOU)
.....NUMBER.....**

**HOW DID YOU HEAR ABOUT CCM
PILATES?.....**

Have you ever tried Pilates before? **YES** **NO** If YES what
kind?.....

Which aspects of your health would you like to work on in **CCM Pilates** classes?

Core stability **strength** **Relaxation** **Flexibility** **Stress Management** **Posture**
Other (please state)

What are you hoping to achieve from the
classes?.....

**PLEASE CIRCLE ANY OF THE FOLLOWING THAT RELATE TO YOU AND GIVE DETAILES
BELOW:**

Back pain/neck pain/spine surgery/arthritis joints/high or low blood pressure/circulatory problems eg
clots/diabetes/heart problems/respiratory problems (e.g. asthma) /osteoporosis /spondylolisthesis
/anaemia/epilepsy /significant joint or muscle injuries/pregnant or had a baby in the last 6-months/any surgical
operations in the last 5 years/anxiety/depression/mental health/other

**IF YES, PLEASE GIVE
DETAILS.....**

**PLEASE LIST ANY MEDICATIONS YOU
TAKE.....**

Enrolment fees of £90 must be paid in full prior to the course start date. I would like to enrol on the 10-week
Pilates course.

*Cheques should be made payable to D Smith

*Bank Transfer: Sort Code 30-98-26 Account Number [40993268](#)

Please read carefully and sign below before participating in this Pilates course.

I acknowledge that Pilates is not intended to replace medical care and that it is my responsibility to inform the instructor of any injuries and health conditions that I may have. I acknowledge that it is my responsibility to participate in group classes within my own limits and capabilities to prevent any injury.

I understand that all care is taken to avoid any accident or injury during the Pilates classes, however I understand as with any form of physical activity there may be risk of bodily injury, including serious disabling injury, heart attack or even death and that there are many injury risks too numerous to name.

I expressly waive any claim I may have against Cotswold Chiropractic and Massage Clinic, Pete Heaven, or any other instructor representing Cotswold Chiropractic and Massage Clinic, for any injury or loss sustained by me while undertaking Pilates activity practiced under Cotswold Chiropractic and Massage Clinic.

Name:

.....Signature.....

.....Date:.....

***Please return your completed form with full payment to: 4 Besbury Park,
Minchinhampton, Stroud, GL6 9EN***