**Pilates Participation Screen Form for Online Pilates via Zoom**

Full name:

Contact phone number:

Emergency phone number:

Address/Eircode:

Date of birth:

Class date & time:

**PILATES is a fun and enjoyable way to maintain the health and wellbeing of both mind and body.**

Please complete this short questionnaire that we at Flex&TonePilates have designed to protect our participants and to identify a small number of participants whom group based Pilates may not be suitable. Please answer each question honestly with a yes or no answer. Should you have any questions please contact [flexandtonepilates@gmail.com](mailto:flexandtonepilates@gmail.com)

|  |  |  |
| --- | --- | --- |
| **Question** | **Answer** | **If yes, please give details** |
| Have you neck or back problems? If yes, are you receiving treatment at present? |  |  |
| Problems with joints? Previous joint replacements? |  |  |
| Are you suffering from any other medical problems that may affect your ability to exercise e.g. osteoporosis, arthritis? |  |  |
| Do you suffer pelvic/bladder problems? |  |  |
| Do you suffer heart or respiratory problems? |  |  |
| Have you high blood pressure/low blood pressure? |  |  |
| Are you currently on any medication? |  |  |
| Have you any additional Health information that may be relevant? |  |  |

If you answered NO to all questions, please sign and date the declaration below.

If you answered YES to one or more questions we strongly recommend that you consult your doctor before starting Pilates classes.

If your health changes in the future, such that you answer YES to any of the above questions, please inform Laura at [flexandtonepilates@gmail.com](mailto:flexandtonepilates@gmail.com) immediately.

Declaration:

I hereby confirm that I have read, understood and answered honestly the questions above and that I wish to complete the online Felx&TonePilates programme. I understand and am aware that these are potentially hazardous exercises that can cause injury. I am aware that if I choose not to take advice, or to disregard any advice given to me via the class Pilates Instructor, I do so voluntarily and accept liability for all resulting injuries or damage. I accept that this form does not give any advice as to my ability or readiness to participate and that if I have any questions regarding my fitness to participate I will consult my doctor.

Pilates classes or offered both as a pay as you go or a pay by term service. Payments can be made via the link attached to the Flex&TonePilates Instagram account or alternatively bookings via email at [flexandtonepilates@gmail.com](mailto:flexandtonepilates@gmail.com)

Your place on the mat is secure and access to the class will be provided once payment has been secured.

Are you happy for Flex&TonePilates to reach out to you via Facebook/Instagram? (Please highlight) Yes No

Signature:

Print name: Date:

Additional note: I confirm that, if my answer was NO to any of the above questions, I consulted with my doctor who has agreed I should partake in Online Pilates.

Signature:

Print name: Date: