



82 Glen Eira Road

Ripponlea 3185

Tel: 03 9530 0940

www.integratedbodyarts.com.au

Name: _____ Date of birth: _____

Address: _____

Post code: _____ Mobile number: _____

E-mail: _____ Phone number: _____

Occupation: _____ ☐ Tick (✓) box if you do **not** wish to join our mailing list

How did you hear of *Integrated Body Arts*? _____

What brought you to *Integrated Body Arts*? _____

What would you like to get from your sessions with us? _____

Have you done exercise in the past/present? What kind & how long? _____

What usually stops you from doing regular exercise? _____

What days & times would work for you? _____

Any injuries, conditions or other health problems (please tick (✓)):

☐ Back Trouble

☐ Low Flexibility

☐ Knee Problems

☐ Sciatica

☐ Neck Trouble

☐ Migraine

☐ Arthritis

☐ Anti-Depressant drug use

☐ Rheumatoid Arthritis

☐ Seizures

☐ Low blood pressure

☐ Asthma

☐ High blood pressure

☐ Chronic Illness

☐ I am pregnant

☐ I have had surgery in last 2 years

☐ I am trying to get pregnant

☐ Allergies

☐ Stress

☐ **Other:** (please specify)

If ANY of the boxes are ticked, please provide further details:

Hobbies: _____

Goals: _____

Recommendations (*to be filled out by Integrated Body Arts*):

Agreement:

I am aware that *Integrated Body Arts* aims to share knowledge of Pilates and recognise that these activities may at times be strenuous, and may potentially result in injury.

In my participation in any of these activities, I agree to take full responsibility for not exceeding my limits and I assume the risk of and responsibility for any injury, or property damage resulting from my participation in any of these activities. It is my responsibility to ascertain that there is no medical reason to prevent my participation, and I take it upon myself to confirm this with my Health Practitioner. I consent to the reasonable use of physical contact by my instructor to facilitate guidance during sessions.

I have carefully read the above release and fully understand and agree to the conditions.

Signature: _____ **Date:** _____

If under 18 years of age: As a legal guardian of _____
we consent to the above conditions.

Cancellation Policy:

As a courtesy to our staff and clients we have a 24 hour cancellation policy. It is each client's responsibility to notify *Integrated Body Arts* at least 24 hours in advance, should you need to cancel or reschedule your appointment, to avoid the cancellation fee. Any appointments missed or cancelled in less than 24 hours in advance will be subject to a charge of the service booked.

If you have a standing appointment, inconsistent attendance will result in the loss of that time slot regardless of 24 hour notice.

Scheduling an appointment is your acceptance of these policies.

Please note that the cancellation policy is in place to minimise disruption to our clients and as a courtesy to our trainers who are compensated on a per client basis. We appreciate your understanding and respect for our instructors' time.