

PERSONAL DETAILS:

Name:		DOB:	
Address:			Postcode:
Phone:	(m)	(h)	(w)
Email:			Occupation:
Emergency Contact:			Emergency Contact Phone:
Do you have any Private Health Insurance (eg Medibank, HBF)?			Y / N
Indicate Fund:			_____

How did you hear about Pilates at Bodysmart Health Centre?

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Search Engine | <input type="checkbox"/> Yellow Pages | <input type="checkbox"/> Workplace Expo | <input type="checkbox"/> Flyer - Workplace |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Internet Search | <input type="checkbox"/> Health Insurance Website | <input type="checkbox"/> Ergonomic Assessment |
| <input type="checkbox"/> Doctor (Please specify) _____ | | | |
| <input type="checkbox"/> Friend /Colleague (please specify name) _____ | | | |
| <input type="checkbox"/> Other (Please specify) _____ | | | |

Would you like to receive our FREE monthly health and wellbeing e-bulletin? Yes No

Would you like to receive a link to our Facebook page (offers / discounts advertised)? Yes No

EXERCISE HISTORY

Have you been exercising regularly? (Please circle) YES | NO

(a) If yes, please provide details of the following:

- * Type of exercise _____
- * Frequency of exercise _____
- * Your perceived intensity when exercising? Hard | Medium | Light | Very Light

(b) If no, approximate date you last exercised regularly? _____

MEDICAL CONDITIONS

Did a medical practitioner / health care professional recommend that you commence Pilates? If so please provide details: Name and Specialty _____

If you are female, are you pregnant or have you given birth within the last 6 months?

YES | NO – Provide Details _____

6. If you are unable to make a session we ask that you give us a minimum of 24 hrs notice. Participants will be billed the normal session fee if less than 24 hrs notice is given.
7. It is the participant's responsibility to book their sessions through Bodysmart Reception via phone or email. Five, 10 and 25 pack purchases are valid for 6 weeks, 12 weeks and 8 months respectively. Any unused credit will be forfeited if not utilised within this timeframe.
8. In the interest of safety for all participants, and as class sessions are structured, those who arrive more than 10 minutes late will NOT be permitted to enter the class. The participants will not receive a refund or credit for this session.

DECLARATION

Bodysmart Physiotherapists will take utmost care to ensure your health and safety is a primary concern however we need to make you aware that exercise is not without risk to the musculoskeletal and cardiovascular systems.

I acknowledge I have voluntarily elected to participate in an exercise program with BODYSMART HEALTH CENTRE. I will not hold BODYSMART HEALTH SOLUTIONS responsible or liable for any personal injury or loss or damage which may result from my participation in any proposed exercise program with BODYSMART HEALTH SOLUTIONS.

Further, I agree to accept the above Terms and Conditions.

SIGNED: _____ DATED: _____

ENROLMENT

Please enrol me in:

<input type="checkbox"/> Initial Pilates Assessment 1:1 (required) \$85 (when pack purchased) one off payment. Discounted from \$105 standard 30 minute assessment fee. (Pay on the day of service)
1:1 Session (optional) 30 minute or 40minute options (based on recommendation of Physiotherapist) (Pay on the day of Service)

Small Group Mat Pilates Session Packs			
<input type="checkbox"/> Casual \$30/session (Pay on the day)	<input type="checkbox"/> 10 Pack \$220 - \$22/session (Valid 3 months)		
<input type="checkbox"/> 5 Pack \$125 - \$25/session (Valid 6 weeks)	<input type="checkbox"/> 25 Pack \$495 - \$19.80/session (Valid 8 months)		

PAYMENT

Payment via (please circle): Cash | EFTPOS | Credit

I _____ authorise Bodysmart Health Solutions to deduct \$_____ from my

VISA MASTERCARD

Card number:

Card expiry:

/ /

Credit card verification / CCV: (last 3 digits on back of card)

Name on card: _____ **Signature of card holder:** _____

Please fax completed form to (08) 9481 8709 or scan and email to reception@bodysmart.com.au