



Pilates Health & Fitness Classes

Bunbury TERM 4 starts Monday 26 October

| Bunbury Timetable | | | |
|--------------------------|-------------------|----------------|-------------------|
| | Monday | Tuesday | Wednesday |
| 11am | | Gentle Pilates | |
| 5:30 | Essential Pilates | | Essential Pilates |
| 6:30 | Essential Pilates | | Pilates Flow |

Pilates Essentials & Flow 8 Week Block Prices

Monday: 8 Classes \$100

Wednesday: 8 Classes \$100

Mon & Wed: 2 Classes a week

16 Classes: \$180

Casual Classes \$18

Pilates Essential Class:

For people who are new to Pilates.

A structured beginners program designed to introduce newcomers to the Pilates method & principles. You will learn a basic Pilates floor routine (this can be built on with more challenging exercises as you progress to the next level) There is a strong focus on posture, core stability and body awareness.

Pilates Flow:

Is a choreographed Pilates class that is based on dynamic stability, incorporating movement patterns that enhance physical functionality. The class focus is on active dynamic pelvic floor training and integration, developing a deeper understanding of Pilates methodology.

BOOKING ARE ESSENTIAL FOR ALL CLASSES & NO REFUNDS ARE GIVEN

Payment can be made by EFT, cheque or cash. Please EFT into the following account, putting your name in as the transfer description:

BSB: 066-507 AC: 1052 4700

Gentle Pilates: \$10 per class

Designed to introduce absolute beginners to the Pilates method & principles. The ability to modify exercises to meet differing needs, along with the many benefits of the Pilates method, such as increased levels of strength, balance, flexibility, muscle tone, stamina, and well being, makes Pilates a beneficial first step in any exercise program. Suitable for Post Natal, Seniors & Rehabilitation.

Enquiries: 0407 915 147 or: tonezone@tpg.com.au

www.tonezonepilates.com.au



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To book call 0407 915147
Or email tonezone@tpg.com.au

Payment can be made by EFT, cheque or cash.
Further booking & payment
instructions are attached below.

Forms for Participant Completion

For health, safety & insurance reasons we need you to complete & return the attached personal details & health questionnaire, medical clearance form & indemnity form prior to participating in our pilates classes.

Location: Bunbury Rowing Club

What to Bring:

Please bring a towel & a water bottle.
Your own fitball may be required for
some classes.

My Qualifications:

Certificate Pilates Essentials
Certificate IV in Fitness
Registered Fitness Professional with
Fitness Australia

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Booking & Payment Instructions

Hi and welcome to ToneZone Pilates. My name is Jane Lewis & I would like to thank you for your interest in ToneZone Pilates. I hope I can help you achieve your fitness & relaxation goals. But first we have some paperwork to fill out.....

Making a booking is a three step process:

1. Check there are available spots in your chosen class or classes via phone or email.
2. Make payment via EFT, Cheque or Cash.

Cheques can be posted to PO Box 1509, Bunbury WA, 6231.

EFT:

Please transfer your payment into the following account, putting your name in as the transfer description:

BSB: 066-507 AC: 1052 4700

3. Complete & return our:

Personal Details & Health Questionnaire

which is attached below:

For health, safety & insurance reasons we need you to complete & return the attached personal details & health questionnaire, medical clearance form & indemnity form prior to participating in our Pilates classes.



Personal Details & Health Questionnaire

Name _____ DOB: ___/___/_____
Address: _____ Suburb: _____ Post Code: _____
Phone (home) _____ (work) _____ (mobile) _____
Email: _____
Emergency Contact: Name _____ Phone: _____

Pilates Goals

Have you done Pilates / Yoga before? _____ How long ago? _____
Why have you decided to start Pilates? _____

What aspects of your health would you like to concentrate on? (Please circle)

Core Flexibility Posture Toning Strength
Stress Management Relaxation Back/Shoulder problems
Other (please explain): _____

What are the main goals that you are hoping to achieve with your Pilates program?

1. _____
2. _____
3. _____

Lifestyle

What is your occupation? _____
What is your stress level? (Please circle) none low moderate high
How often are you stressed? (Please Circle) never infrequently frequently constantly
What is your activity level? (Please Circle) sedentary moderately active active
What other forms of exercise do you do? Please indicate type & frequency

For most people physical activity should not pose any problem or hazard. The following questions are designed to identify the small number of adults for whom physical activity might be inappropriate or those who should seek medical advice concerning the type of activity that is most suitable for them.

Have ever been treated by your doctor for any of the following: (Please circle)

- | | |
|----------------------|--|
| Arthritis | Osteoporosis |
| Rheumatoid Arthritis | Chronic Fatigue Syndrome |
| Diabetes | Any of the following Orthopedic / joint problem: |
| Fibromyalgia | 1. Anterior Cruciate Ligament injury |
| Heart Disase | 2. Facet Joint inhury |
| High Blood Pressure | 3. Herniated or bulging disc |
| Gastric Reflux | 4. Spondylolisthesis |
| Glaucoma | 5. Stenosis |
| Multiple Sclerosis | 6. Total hip replacement |

Other (please explain): _____

Are you pregnant? _____ How many weeks along? _____

Complications? If yes please explain _____

Does you doctor know that you are going to be doing Pilates? _____

Recent surgeries or injuries? If yes, please explain? _____

Is there any reason why you should obtain a medical clearance from your doctor prior to participating in exercise classes? YES / NO

If you answered YES to this question please ask us for a Medical Clearance Form and ask your doctor to complete the Medical Clearance Form.

I, _____, certify that I understand the foregoing questions and my answers are true and complete. I also understand that this information is being provided as part of my initial assessment and may not be periodically updated. I assume the risk for any changes in my medical condition that might affect my ability to exercise.

_____/_____/_____
Signature Date



ACKNOWLEDGEMENT RELEASE AND ASSUMPTION OF RISK

FITNESS CENTRE OPERATOR: ToneZone Pilates

PARTICIPANTS NAME:

PARTICIPANTS AGE:

ACKNOWLEDGEMENT OF RISKS, INJURY AND OBLIGATIONS

I acknowledge that the activity I am about to undertake is a not without risks and that by participating in it I am exposed to these risks. I acknowledge & understand that whilst participating in such activity I may be injured, physically or mentally, or may die. I assume the risk of and responsibility for any injury, death or property damage resulting from my participation in the activity.

RELEASE AND INDEMNITY TO TONEZONE PILATES

In consideration of the acceptance of my payment for participating in the activity I AGREE TO RELEASE AND INDEMNIFY ToneZone Pilates as follows:

- I participate in the activity at my sole risk and responsibility.
- I release, indemnify and hold harmless the ToneZone Pilates, its servants and agents, from and against all and any actions or claims which may be made by me or on my behalf or by the other parties for or in respect of or arising out of any injury, loss, damage or death caused to me or my property whether by negligence, breach of contract or in any way whatsoever.

Before signing this document I have read and understood it and know that it affects my legal rights.

SIGNED BY: DATE: