



## Pilates Health & Fitness Classes

Donnybrook TERM 4 - Commences Tuesday October 27

<b>Donnybrook Timetable</b>	
	Tuesday
5:30	Core Fitness
6:30	Essential Pilates

### 8 Week Block Class Price List

Tuesday:

8 Classes            \$112

Casuals \$18 a class – Experienced participants only.

### **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.

### **Core Fitness Class:**

For those who have the basic knowledge and strength to participate. Focus is on further developing strength and learning more challenging movements. Stability balls, chi balls & strength bands will be introduced to further enhance strength, tone & stability and to add variety to your classes.

BOOKING ARE ESSENTIAL FOR ALL CLASSES & NO REFUNDS ARE GIVEN

To book call 0407 915147

Or email [tonezone@tpg.com.au](mailto:tonezone@tpg.com.au)

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

### **Location:**

Donnybrook Recreation Centre Steere St,  
Donnybrook

What to Bring: Please bring a towel, a water bottle & your own fitball for some classes.

### **My Qualifications:**

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

### **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.

Enquiries: 0407 915 147 or: [tonezone@tpg.com.au](mailto:tonezone@tpg.com.au)  
[www.tonezonepilates.com.au](http://www.tonezonepilates.com.au)



## 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 Disease

2. Facet Joint injury

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 your 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: .....