

Pain, Posture, Performance

Remedial Pilates for the over 50s

Teacher: Naama Gelber

Class Venue: _____ Class Day and time: _____

Your Full Name: _____

Your Full Address: _____

Phone Numbers: _____

Occupation: _____ Age: _____

Email: _____

In case of emergency who should be contacted on your behalf? _____

Emergency Tel Number: _____

1. Do you currently play any sport such as: badminton, tennis, golf, squash, netball etc?
If Yes, please specify: _____ YES NO
2. Has a physician ever said you have a heart condition and you should only do physical activity recommended by a physician? _____ YES NO
2. When you do physical activity, do you feel pain in your chest? _____ YES NO
3. When you were not doing physical activity, have you had chest pain in the past month? _____ YES NO
4. Do you tend to lose consciousness or fall over as a result of dizziness? _____ YES NO
5. Do you have a bone or joint problem that could be or has been aggravated by exercise? _____ YES NO
6. Has your doctor ever recommended medication for your blood pressure or a heart condition? _____ YES NO
7. Do you have insulin dependent diabetes? _____ YES NO
8. Are you aware, through your own experience or a doctor's advice, of any other physical reason against your exercising without medical supervision? _____ YES NO
9. Have you consulted with your physician regarding joining this class? _____ YES NO
10. If you answered No to question 9, will you consult your physician in your next visit and update the teacher? _____ YES NO
11. Do you visit a Chiropractor/Osteopath/Physiotherapist? _____ YES NO
12. If you answered Yes to question 11 – please specify how frequent to you visit the above health professionals? (Once a month, 4 times a year etc) _____
13. Did you go through any surgery in the ankles, knees, pelvis, hips, back or neck? _____ YES NO
14. If you answered Yes to question 13 please specify below: _____

15. Please specify any joints problems /pains/discomfort/restrictions you currently experiencing?

Ankles:

Knees:

Pelvis/Coccyx:

Hips:

Lower Back:

Upper Back:

Neck:

Informed Consent for Participants

Pilates exercise programmes are designed to improve muscle tone and strength, endurance and flexibility and may include physical activities such as stretching, using small weights and using other props like elastic bands, sticks, balls etc.

When participating in activity/exercise you are likely to experience different levels of intensity over varying lengths of time. As a result you may experience different breathing patterns rising body's temperature.

Each part of the activity/exercise you participate in will be fully explained, you are strongly advised to ask questions if you are not clear about anything.

Most exercise programmes contain certain risks; muscle pulls, joint strains, aches, pains and general discomfort from parts of the body not previously used. This will improve with time. If at any time you feel any sharp pain or discomfort, stop performing the activity and notify the instructor. Likewise, if you feel that you should not do a particular exercise for any reason you must inform the instructor.

This is a specific remedial class which is longer than the usual in order to give you time to fully understand each exercise and how to perform it correctly and safely. If you are not sure whether joining such a class will be beneficial for you please consult with a health professional prior to participating in the class.

I have read and understood the conditions and risks of participation and I consent to voluntarily take part in the activities required. I realise I am free to withdraw my consent and stop the activities at any time, without negative consequences. If my health changes, I agree to inform the teacher. It is also important that I practice Pilates intelligently and work within my own limitations.

I hereby state that I have read, understood and answered all the questions and if I had any questions they were answered to my satisfaction.

Client Name:

Signature:

Date:
