

Participant Questionnaire

Name:		
Email:		
Phone Number:		
Emergency Contact:		
Emergency Contact Number:		
How would you best describe you Pilates ability?		
Beginner Improver Intermediate Advanced		
Please read the questions carefully and answer each one honestly. Do you have or have you ever suffered from any of the following? Heart Condition	Yes	No
Experienced chest pain whilst exercising or at rest Diabetes Epilepsy Muscle of joint condition Neck or back condition High / low blood pressure Respiratory condition Dizziness or loss consciousness whilst exercising or at rest		
Pregnancy Have you recently given birth Are you currently breast feeding Have you had a major operation Are you currently taking medication which may affect your ability to exercise safe Do you have any other injury, illness or condition which may affect your ability to exercise safely	ly	
If you have answered yes to any of the above questions, please give as much detain below:		

If you have answered yes to any of the above questions, please give as much detain below:

If you answered YES to one or more questions - Please consult your GP to make sure this type of exercise is suitable for you.

If you answered NO to all the PAR-Q questions - you can be reasonably sure that you can start

DELAY BECOMING MORE ACTIVE: If you are not feeling well because of temporary illness or if you might be pregnant – talk to your doctor before becoming more active.

Please note: If your health changes so that you can answer YES to any of the above questions, please inform your instructor immediately.

Signature:

Date: