

# Adolescent Pilates Enrolment Form



**Bellbird Sports & Spinal**  
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## Applicant's Information

Name:	
E-mail:	
Phone number:	
Parent/Guardian name:	
Relationship to Young Person:	
Phone Number 1:	
Emergency contact name:	
Relationship to Young Person:	
Phone Number 2 :	

# If an emergency happens at the clinic, we need your consent to start emergency care as appropriate, to contact the Ambulance and to arrange for hospitalisation if needed. We will contact you as soon as we possibly can, after we have started this process. If you **do not** give your consent, please tick this box

## Medical Information

	Current Problem	Past Problem	Never	Comments/Medication
Back pain or problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Neck pain or problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Arthritis or joint problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Yes	No	
Recent surgery		<input type="checkbox"/>	<input type="checkbox"/>	
Asthma*		<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes*		<input type="checkbox"/>	<input type="checkbox"/>	
High or low blood pressure		<input type="checkbox"/>	<input type="checkbox"/>	
Dizziness		<input type="checkbox"/>	<input type="checkbox"/>	
Anaphylaxis*		<input type="checkbox"/>	<input type="checkbox"/>	
Heart Condition		<input type="checkbox"/>	<input type="checkbox"/>	
Epilepsy*		<input type="checkbox"/>	<input type="checkbox"/>	
Allergies*		<input type="checkbox"/>	<input type="checkbox"/>	
Pregnant or post-natal**		<input type="checkbox"/>	<input type="checkbox"/>	
Other medical condition		<input type="checkbox"/>	<input type="checkbox"/>	

If you have a medical condition it is advisable to have a medical check-up prior to commencing.

\* Please provide a copy of your medical management plan. Please ensure you bring appropriate medication including EpiPen if required.

\*\* If you are pregnant or less than 3 months post natal an additional Pregnancy Questionnaire needs to be filled in.

I agree that Bellbird Sports & Spinal is in no way responsible for the safekeeping of my personal belongings while I attend. I understand that Clinical Pilates sessions may be physically strenuous and I voluntarily participate in them for my enjoyment with full knowledge that occasionally unexpected conditions can arise that range from mild to life threatening. I also agree that should any medical conditions or injuries change that I will inform the physiotherapist prior to the session commencing or during the session if the change occurs during a session and complete another clinical Pilates medical questionnaire. I will only use equipment as demonstrated by the instructor. I understand that this session is supervised by a Physiotherapist and if I choose to use the equipment without a Physiotherapist present, I do so at my own risk. I understand that Bellbird Sports & Spinal use an online booking program and I will be sent my username & password via email.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Adolescents Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Physio to sign (once patient assessed) \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_



# Adolescent Pilates Enrolment Form

Bellbird Sports & Spinal offers 2 styles of Pilates sessions that suit adolescents. All sessions are run by qualified physiotherapists and are 45 minutes in duration.

## Clinical Pilates Small Studio Sessions

- Maximum of 4 clients
- Individualised programs for each client
- Ideal for injury rehabilitation and prevention, general fitness improving co-ordination and growth related issues

## Clinical Pilates Circuit Classes

- Maximum of 10 clients
- Involve a combination of floor and equipment exercises
- Run in conjunction with the school term

For our current studio timetables and prices please visit [www.sports-spinal.com.au](http://www.sports-spinal.com.au)

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## Information for Adolescents and Parents/Carers

- Assessment by our Physiotherapist is required before joining the class.
- Persons under 14 will require an adult to remain onsite during each class.
- Please be on time as session will start on time.
- You cannot go into the studio without the Physiotherapist.
- Be considerate of other participants and staff so that everyone has a good time.
- Ask questions if you do not know what to do.
- Let the Physiotherapist know if you had any difficulties after the last session or if you have a new medical condition. These may affect your program.
- Let us know in advance if you are unable to attend a class.
- You will be asked to sit out an activity if the physiotherapist, after assessing you has, any concerns about your safety. We will also advise parent/carer of any instance of this.
- ENJOY and grow stronger!

· Current clients get first priority for available places · 24 hours notice is required to be eligible for a make up session · Unused sessions expire at the end of the term / pass · Sessions & make up sessions can be cancelled & booked online · Session times and instructors are subject to change · Remember to wear clean socks while doing your Clinical Pilates workout.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Adolescents Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_