



R511, French Toast Koffie Kafee, Hartbeespoortdam, North West Province  
 cell: 0769909465 info@blucorepilates.co.za

FOR OFFICE USE:  
 INTRO CLASS DATE & TIME \_\_\_\_\_

**MEMBERSHIP FORM**

**GENERAL CLIENT DETAILS**

Name & Surname: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Cell phone number: \_\_\_\_\_ e-mail: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ ID no: \_\_\_\_\_ Sex: 

M / F
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**LIFESTYLE AND HEALTH QUESTIONNAIRE**

*Please take a moment to complete this questionnaire as thoroughly as possible.*

How did you hear about Blu Core Pilates? \_\_\_\_\_  
 Have you done pilates before? If yes, state where and how long? \_\_\_\_\_  
 What aspect of your health would you like to concentrate on? (Please circle)  
 Core strength      Flexibility      Posture      Toning      Strength  
 What are your main goals that you hope to achieve from your pilates program? \_\_\_\_\_

Occupation: \_\_\_\_\_  
 Other sports or hobbies: \_\_\_\_\_

Are you currently experiencing any of the following symptoms? Please tick the applicable box. If YES, please provide details.

Lower back pain	YES	NO	DETAILS: _____
Other back pain	YES	NO	DETAILS: _____
Pelvic or hip pain	YES	NO	DETAILS: _____
Knee pain	YES	NO	DETAILS: _____
Shoulder, elbow or wrist pain	YES	NO	DETAILS: _____
Heart problems	YES	NO	DETAILS: _____
Head aches	YES	NO	DETAILS: _____

Have you ever been diagnosed with the following medical conditions? Please tick the applicable box. If YES, please provide details.

Heart problems	YES	NO	DETAILS: _____
High or Low Blood Pressure	YES	NO	DETAILS: _____
High Cholesterol	YES	NO	DETAILS: _____
Asthma	YES	NO	DETAILS: _____
Arthritis	YES	NO	DETAILS: _____
Cancer	YES	NO	DETAILS: _____
Depression	YES	NO	DETAILS: _____
Diabetes	YES	NO	DETAILS: _____
Epilepsy	YES	NO	DETAILS: _____
Osteoporosis	YES	NO	DETAILS: _____
Sciatica	YES	NO	DETAILS: _____
Any other (Please specify):	YES		DETAILS: _____

Are you currently pregnant? \_\_\_\_\_

If you are pregnant, how many weeks? \_\_\_\_\_

Have you been recommended to do Pilates by a health professional? If yes please give name and tel nr: \_\_\_\_\_

Any other information that you think may be relevant? \_\_\_\_\_

**TIME TABLE, FEES & PAYMENT (Please select by ticking the box)**

JOINING MONTH/DATE:

**MONDAY**

08h00-09h00 (Pilates)	<input type="checkbox"/>
17h15-18h15 (Pilates)	<input type="checkbox"/>
18h30-19h30 ( <b>BootyBarre</b> )	<input type="checkbox"/>

**WEDNESDAY**

08h00-09h00 (Pilates)	<input type="checkbox"/>
17h15-18h15 (Pilates)	<input type="checkbox"/>
18h30-19h30 (Pilates)	<input type="checkbox"/>

**FRIDAY**

07h45-08h45 (Pilates)	<input type="checkbox"/>
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**TUESDAY**

05h00-06h00 (AM - Pilates)	<input type="checkbox"/>
07h45-08h45 ( <b>Bootybarre</b> )	<input type="checkbox"/>
09h30-10h30 (Pilates in Brits)	<input type="checkbox"/>

**THURSDAY**

05h00-06h00 (AM - Pilates)	<input type="checkbox"/>
07h45-08h45 ( <b>Bootybarre</b> )	<input type="checkbox"/>
09h30-10h30 (Pilates in Brits)	<input type="checkbox"/>
17h15-18h15 ( <b>BOOTYBARRE JAN-MAR &amp; SEP-NOV ONLY</b> )	<input type="checkbox"/>

\*Blu Core Pilates reserves the right to cancel or reschedule classes at short notice.

\*If you are unable to attend a class at the chosen time, you will be able to reschedule for another class but will subject to availability of a mat in that particular class and provided it happens within the same calendar month.

\*Clients are urged to inform the instructor before the start of a class if they are unable to attend.

\***NO classes on ON WEEKENDS, PUBLIC HOLIDAYS OR DURING PUBLIC SCHOOL HOLIDAY (unless otherwise stated).**

**FEES\***

1 x class/week	R390pp/month	<input type="checkbox"/>
2 x classes/week	R600pp/month	<input type="checkbox"/>
3 x classes/week	R870pp/month	<input type="checkbox"/>
4 x classes/week	R1040pp/month	<input type="checkbox"/>
5 x classes/week	R1 200pp/month	<input type="checkbox"/>

Drop in fee	R95pp/class	<input type="checkbox"/>
<b>BANKING DETAILS</b>		
ABSA, A. Wentzel, Branch: 632005		
Account No: 9256127073		

\*NO joining fees.

\*Fees are based on the **AVERAGE** number of classes over the 11-month period, **JANUARY to NOVEMBER**, excluding holidays!!

\*Fees are payable **UPFRONT** and by the 7th of each new month.

\*Fees are subject to yearly increases.

\*Fees can be paid by cash or an EFT.

\*Additional fees will apply for extra classes.

**NO CLASSES ON WEEKENDS, PUBLIC HOLIDAYS OR DURING PUBLIC SCHOOL HOLIDAYS!!!**

**CANCELLATIONS**

\*Fees are non-refundable and non-transferable.

\*One (1) month's notice should be given if you wish to cancel your membership

**TERMS AND CONDITIONS**

Depending on what you want to achieve and your physical capabilities, you will need to be asked some more specific questions and be examined more thoroughly prior to attending a class. You will still need a 1:1 session with an instructor to allow the instructor to assess your movement and subsequently monitor your execution of the exercises. Following an assessment of your movement, posture and ability to control/perform some basic Pilates exercises/movements you may be advised on a class or session that is best suited to you.

The philosophy of Pilates is that you only do exercises that are comfortable, controlled and at a level that is right for you, this further lessens the risk. The instructor reserves the right to refuse entry to a Pilates session or class at any time.

While your instructor is qualified and experienced, she is not a medical professional and as such, for all new clients it is recommended you consult your doctor before beginning any new type of physical exercise or activity. With proper warm-up and by following your Instructor, it is unlikely participants will suffer injury arising from classes or sessions; however, as with any physical activity there is a certain amount of risk.

Please be sure you arrive on time so as not to miss the warm-up phase which prepares your body for the activity to come.

Release from liability, waiver of liability and all claims, and acknowledgment of risk:

While the staff and management of Blu Core Pilates take all practicable steps to identify and minimize risk to each person, I acknowledge that I accept any risk remaining.

I acknowledge that in participating in a class or one-on-one session run by Blu Core Pilates that I take full responsibility for my own wellbeing and health. I have provided honest and full details regarding my health and any issues that may affect my safety in classes or sessions. I will stop if I feel pain or stress and discuss it with the Instructor and or my doctor.

I acknowledge that Blu Core Pilates does not accept liability to damage or loss of my property whilst on the property, in connection with or arising from participation in a class or session, regardless of how this may occur and without exception. If I choose to park on the property, I do so at my own risk.

I confirm that I am of the Age of Majority and that I have read and understood this Agreement and agree that this Agreement is binding. If under 18 years, parent or legal guardian must complete this form (please specify also relationship).

I hereby release, waive, discharge and covenant not to sue Blu Core Pilates, its owners, its instructors, its agents and employees (all for the purposes herein referred to as "Releasees"), from all liability to the undersigned, his or her personal representatives, assigns, heirs, and next of kin for any and all loss or damage, and any claims or demands therefore on account of injury to the person or property or resulting in death or injury of the undersigned whether caused by the negligence of the Releasees or otherwise while I am in or upon the premises used by Releasees.

I hereby assume full responsibility for and risk of bodily injury, death or property damage that may be due to the negligence of Releasees or otherwise while I am in or upon the premises and/or while practicing Pilates exercises or other activities, programs or education offered by Releasees.

I expressly agree to indemnify and hold harmless Releasees for any attorney's fees, court costs (not limited to taxable), and any other expense that may be incurred by Releasees arising out of the necessity of defending any law suit instituted by virtue of injuries, death or property damage suffered by me, or injuries, death or property damage caused by me.

I further expressly agree that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the laws South Africa and that, if any portion thereof is held to be invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have read and voluntarily signed this form, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made. This release contains the entire Agreement between the parties hereto, and the terms of this release are contractual and not a mere recital.

The tuition paid herewith and such registration fees paid hereafter are non-refundable and non-transferable.

I FURTHER STATE THAT I, \_\_\_\_\_, HAVE CAREFULLY READ THE FOREGOING INFORMATION, AGREEMENT AND RELEASE, KNOW THE CONTENTS THEREOF, FULLY AGREE WITH IT, UNDERSTAND IT, AND ACKNOWLEDGE THAT I AM SIGNING THE SAME AS MY OWN FREE ACT.

SIGNED ON THIS \_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
SIGNATURE



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