

Welcome to The Movement Society

Help us learn about you, your body, movement experience and goals.
The more information you give us, the better. We use this information to ensure
modifications are keeping your body safe and movement experience positive.

Today's Date _____

NAME

DATE OF BIRTH

ADDRESS

PHONE

OCCUPATION *(Helps us understand your daily movement habits)*

EMAIL

EMERGENCY CONTACT NAME

EMERGENCY CONTACT PHONE

Signed up for

MVMT Challenge 3 Class Taster Class Pack Nothing - Help!

How did you hear about The Movement Society?

Elise Instagram Facebook Other _____
 MVMT Instructor _____ Referred by _____

MOVEMENT GOALS & EXPERIENCE

What would you like to achieve from your classes at The Movement Society?

Please check what you feel is most important to you

<input type="checkbox"/> Body looking better	<input type="checkbox"/> Body Moving better	<input type="checkbox"/> Both
<input type="checkbox"/> Feel the burn	<input type="checkbox"/> Perform more advanced moves	<input type="checkbox"/> Both
<input type="checkbox"/> Flexibility	<input type="checkbox"/> Strength	<input type="checkbox"/> Both
<input type="checkbox"/> Cardio to lose weight	<input type="checkbox"/> Sculpting work	<input type="checkbox"/> Combination
<input type="checkbox"/> Cheaper cost	<input type="checkbox"/> Greater experience	<input type="checkbox"/> Balance
<input type="checkbox"/> Commitment (ie. block booking for discounted rate & guaranteed spot)	<input type="checkbox"/> Flexibility/Casual attendance at a premium price	

MEDICAL HISTORY

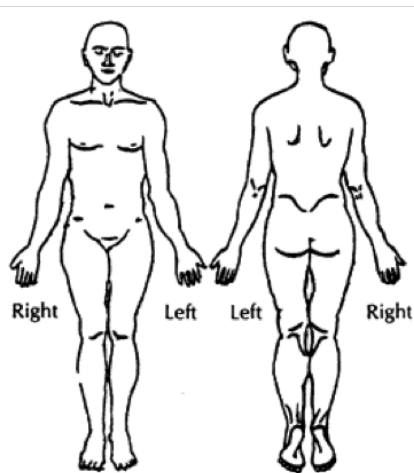
Please clearly state if you have, or have had, any of the following.

The Movement Society respects your privacy, your information is protected under the Privacy Act 1988.

<input type="checkbox"/> Acute pain / injury	<input type="checkbox"/> Joint Replacements	<input type="checkbox"/> High Blood Pressure
<input type="checkbox"/> Asthma	<input type="checkbox"/> Major Surgery in last 12 months	<input type="checkbox"/> Menopause
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Neck, Shoulder, Wrist or Spine Injury*
<input type="checkbox"/> Broken bones	<input type="checkbox"/> Heart Conditions	<input type="checkbox"/> Shoulder or Hip Surgery
<input type="checkbox"/> Dizziness / fainting	<input type="checkbox"/> Stroke	<input type="checkbox"/> Loss of Balance
<input type="checkbox"/> Insomnia	<input type="checkbox"/> Cancer	
<input type="checkbox"/> Post Natal Complications*	<input type="checkbox"/> Pregnant or given birth in last 12 months. Due Date _____	

Do you have any of the following joint problems, pains or injuries?

<input type="checkbox"/> Ankles	<input type="checkbox"/> Upper Back
<input type="checkbox"/> Knees	<input type="checkbox"/> Neck
<input type="checkbox"/> Hips	<input type="checkbox"/> Wrist
<input type="checkbox"/> Shoulder	<input type="checkbox"/> Other
<input type="checkbox"/> Lower back	



If you marked yes to any of the above, please provide clear details

Current & Past medications, injuries or conditions

Please list any other problems or undiagnosed pain?

E.g. Neck pain from desk, wrist pain in weight bearing, shoulder etc.

MOVEMENT HISTORY

The better I know what shapes your current movement habits, the better can help assist your future movement successes.

What gets you moving? Are you currently exercising/participating in physical activity whether that being a physical job, running, swimming, netball, yoga, pole dancing.

How often do you exercise? _____ (times per week)

How consistent has this been?

<input type="checkbox"/> Very consistent	<input type="checkbox"/> Very inconsistent	<input type="checkbox"/> Exercise type changes, amount the same	<input type="checkbox"/> Exercise type same, amount varies
--	--	---	--

Are you getting the results you desire? If not, why not?

PILATES EXPERIENCE

Help me understand your level of experience, by telling me how much experience you have in the following movement methods.

Have you recently participated in Pilates?

Yes No Yes, but it was >6 months ago

**Please advise if this was in relation to injury rehabilitation /management and provide details as appropriate.*

Type

Mat Reformer Rehab / Studio / Physio*
 Barre / Pilates Fusion Gym / Fitness First Other

How long have you done pilates? _____ (weeks/months/years)

Consistency | Number of classes per week

Less than 1 1 - 2 times 3 - 4 times > 4 times

If your experience is no longer current, is there any reason you stopped?

Would you consider yourself a beginner, intermediate or advanced mover?

Beginner Intermediate Advanced Unsure, what is the difference?

CLASSES

How many times a week would you commit to see results?

What days/times work for you? Tick all that you could come to

K2 STUDIO, MOSMAN PARK

MONDAY	<input type="checkbox"/> 6AM	<input type="checkbox"/> 7AM	<input type="checkbox"/> 8.30AM	<input type="checkbox"/> 9.30AM
TUESDAY	<input type="checkbox"/> 6AM	<input type="checkbox"/> 7AM	<input type="checkbox"/> 8.30AM	<input type="checkbox"/> 9.30AM
WEDNESDAY	<input type="checkbox"/> 6AM	<input type="checkbox"/> 7AM	<input type="checkbox"/> 8.30AM	<input type="checkbox"/> 9.30AM
THURSDAY	<input type="checkbox"/> 6AM	<input type="checkbox"/> 7AM	<input type="checkbox"/> 8.30AM	<input type="checkbox"/> 9.30AM
FRIDAY	<input type="checkbox"/> 6AM	<input type="checkbox"/> 7AM	<input type="checkbox"/> 8.30AM	<input type="checkbox"/> 9.30AM
SATURDAY	<input type="checkbox"/> 7.30AM	<input type="checkbox"/> 8.30AM	<input type="checkbox"/> 9.30AM	
SUNDAY	<input type="checkbox"/> 7.30AM	<input type="checkbox"/> 8.30AM	<input type="checkbox"/> 9.30AM	

LESSER HALL, COTTESLOE

<input type="checkbox"/> 5.00PM	<input type="checkbox"/> 6.00PM	<input type="checkbox"/> 7.00PM
<input type="checkbox"/> 5.00PM	<input type="checkbox"/> 6.00PM	<input type="checkbox"/> 7.00PM
<input type="checkbox"/> 5.00PM	<input type="checkbox"/> 6.00PM	<input type="checkbox"/> 7.00PM
<input type="checkbox"/> 5.00PM	<input type="checkbox"/> 6.00PM	<input type="checkbox"/> 7.00PM
<input type="checkbox"/> 5.00PM	<input type="checkbox"/> 6.00PM	<input type="checkbox"/> 7.00PM

Is there a particular day/time you would prefer to see on the time table above? Please list below

What would you like to see in the future?

Workshops Stretch/Release Pregnancy Online Videos & Workout programs

Other/Comments _____

Would you like to be updated with information on?

Workshops Upcoming Challenges Online Videos & Workout programs New Products
 MVMT News New Classes Workout Tips & Exercise Guides

DISCLAIMER

PLEASE READ AND SIGN - Risk Warning acknowledgment & assumption of risk release & indemnity

I acknowledge that the activity (Pilates | Fitness | Barre | TRX) I am to undertake is a recreational activity that may involve a risk of harm (the "activity") and that participating in it I am exposed to certain risks. I further acknowledge that I am not required to engage in the activity. I acknowledge and understand that whilst participating in such activity: I have been examined by a licensed medical practitioner ("practitioner") within the past six months and have been found by such practitioner able to perform the activity during my sessions with The Movement Society.

I declare that I have read, understood, and answered honestly all the questions above. Should my personal health circumstances change whilst engaging the services of The Movement Society it is my full responsibility to bring this to their attention prior to undertaking any physical activity. At any point The Movement Society Instructor may refuse to instruct or continue to instruct me as a participant without prejudices.

I will faithfully follow all instructions given to me by The Movement Society and its associated teachers as to when, where and how to perform and not perform certain the activity. I may be injured; physically or mentally, or may die. My personal property may be lost or damaged. Other persons participating in such activity may cause me injury or may damage my property I may cause injury to other persons or damage their property. The conditions in which the activity is conducted may vary without warning. I may be injured or die or suffer damage to my property as a result of the negligence or breach of contract of The Movement Society and its teachers. There may be no or inadequate facilities for treatment or transport of me if I am injured. I assume the risk of responsibility for any injury, death or property damage resulting from my participation in the activity.

Release and indemnity to the recreational activity provider

In consideration of my payment for participating in the activity (and except to the extent that the same may be precluded by statute) I AGREE AND INDEMNIFY The Movement Society as follows:

1. I participate in the activity at my own risk and responsibility.
2. I have received a risk warning in relation to the physical activity.
3. I release, indemnify and hold harmless The Movement Society, 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 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 or any liability that results from the breach of an express or implied warranty that the recreational services or activity will be rendered with reasonable care or skill.
4. The Movement Society will not be held responsible for any injuries which may occur whilst in class or on premises. In the event that I am injured or my property damaged, I will bring no claim, legal or otherwise, against The Movement Society, its servants and agents, in respect to that injury or damage.
5. I hereby indemnify and keep indemnified The Movement Society from and against all and any actions, demands, suits, proceeding or claims that may be brought or made against The Movement Society by any person by reason of or in respect of any act, default or neglect by me in participating in the recreational services or activity or in anyway whatsoever relating thereto or arising therefrom and from against any costs and expenses that may be incurred by that person in connection with such actions, demands, suites, proceedings or claims.
6. All products of The Movement Society including routines, props and exercise material provided remains the property of The Movement Society and cannot be replicated.
7. By signing this form you are giving consent to The Movement Society to use photographs and/or video footage in group photos or classes for promotion purposes, e.g. website, social media, events or similar.
8. I release and hold harmless with respect to any and all injury, disability, death, or loss or damage to person or property, whether caused by negligence or otherwise.
9. During assessment and treatment it may be necessary for your instructor to make physical contact.
10. By entering into this Agreement, I am not relying on any oral or written representation or statements made by the releases, other than what is set forth in this Agreement.
11. I have read and understood this document and know that it affects my legal rights.

NAME _____

SIGNATURE _____ DATE _____