



Pre Activity Questionnaire

First Name _____ Surname _____

Address _____

Date of birth _____

Phone (home) _____ Mobile _____

Email address _____

Emergency contact _____ Ph number _____

How did you hear about Sanctuary? _____

Doctor or Health Practitioner: name and contact details.

Do you experience pain or discomfort in any of the following areas?
Please circle and provide all available details

Neck	Upper back	Shoulder
Lower back	Hips	Knees
Wrists	Hands	Feet

If you have any of the following, please circle and provide all available details.

High/Low blood pressure	Epilepsy	Arthritis	Asthma
Headaches	Osteoporosis	Depression	Diabetes
Anxiety	Pelvic floor weakness	Other (detail below)	

Are you pregnant or have you given birth in the past 12 months?

We require a letter of clearance from your doctor prior to commencing sessions if you are:

- Pregnant or been had a baby in the past 2 months
- Have had surgery in the past 6 months
- Have a history of heart condition or stroke
- Have a serious cardio-vascular condition including hypertension, hypotension, heart failure
- Currently using diuretics, barbiturates or beta blockers
- Have any infections or infectious disease
- Have been hospitalized in the past 6 months

Have you done Pilates before?

Please read the following and sign below.

Terms and Conditions

We require all booked sessions to be paid in advance and have a strict 12 hour cancellation policy, any late cancellations or unattended booked session will be charged at the class rate. Cancellations can be made using our online system or mobile app or by phone. Please “late cancel” if you are unable to attend a class to make your place available to others.

No refunds are offered for casual or multipack class purchases. Please also note session expiry when purchasing sessions

Masks must be worn for the duration of your session.

Please keep 1.5meter distance with your fellow classmates. We ask you to wait in the upstairs waiting area until your teacher collects you for your class and to maintain the 6 person maximum in the studio quota.

We request you don't attend the studio if you have COVID like symptoms, have had contact with a positive COVID case in the past 14 days or are awaiting test results.

I agree that the information I have given on this document is true and correct and that I have answered all of the questions to the best of my ability. I understand that these questions have been prepared for the purpose of ensuring that Sanctuary on Peninsula has all of the relevant information to enable their instructors to recommend an appropriate course of exercises and therefore also acknowledge that I will notify you of any relevant changes to the information above. I take full responsibility for my actions whilst on the premises of Sanctuary on Peninsula & I therefore understand and agree to waive my right to pursue any claim as a result of my participation in the exercise sessions to which the application relates.

I have read and understand the above terms and conditions.

I agree to the above terms and conditions,

Name : _____

Signed: _____ Date: _____