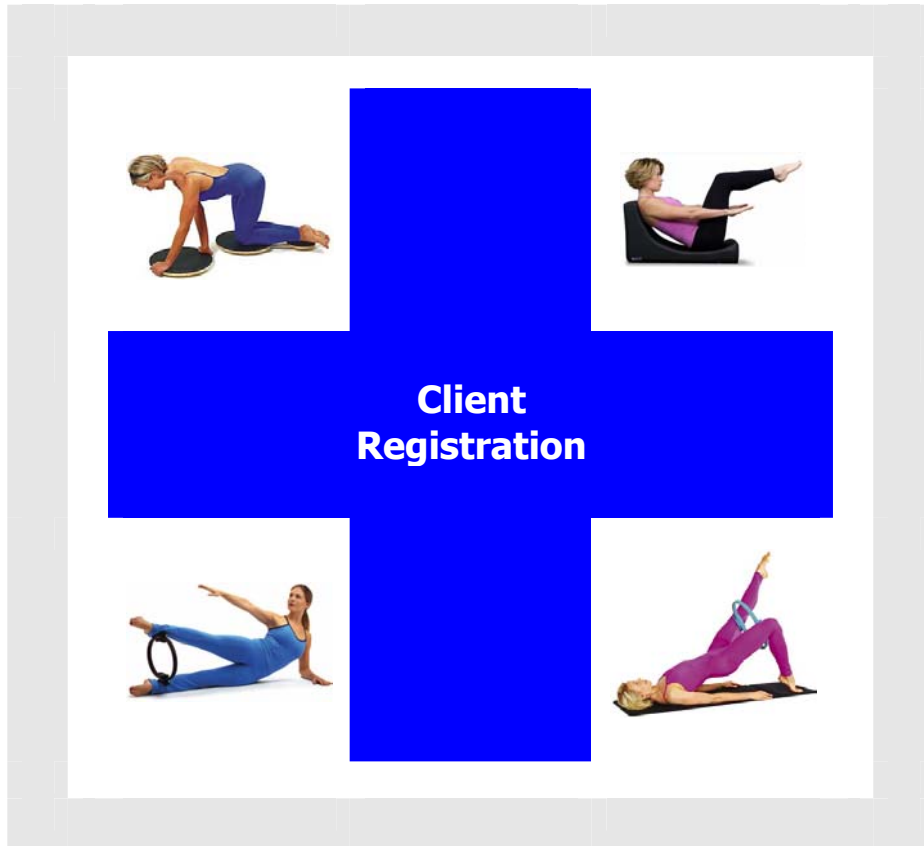


Pippa Wylde *Pilates*



Photographs Courtesy of Balanced Body Inc

CLIENT REGISTRATION DETAILS

For Instructor security and also to meet our health and safety requirements, completion of this registration form is mandatory for all Pippa Wylde Pilates clients. The information supplied will allow us to contact you from time to time to advise you of any business or programme changes affecting your Pilates instruction.

This is a confidential document that will be kept in our records and will not be released unless with your prior consent or as may be required by law.

1. CLIENT DETAILS			
Client Name	:	<input type="text"/>	
Address	:	<input type="text"/>	
		<input type="text"/>	
		<input type="text"/>	<i>Post Code</i>
Date of Birth	:	<input type="text"/>	
Occupation	:	<input type="text"/>	
Fitness Activities	:	<input type="text"/>	
		<input type="text"/>	
Telephone Nos.	:	<input type="text"/>	<i>Home</i>
		<input type="text"/>	<i>Work</i>
		<input type="text"/>	<i>Mobile</i>
Email Address	:	<input type="text"/>	
<hr/>			
2. EMERGENCY CONTACT DETAILS			
Name	:	<input type="text"/>	
Address	:	<input type="text"/>	
		<input type="text"/>	
		<input type="text"/>	<i>Post Code</i>
Telephone Nos.	:	<input type="text"/>	<i>Home</i>
		<input type="text"/>	<i>Work</i>
		<input type="text"/>	<i>Mobile</i>
<hr/>			
3. FEEDBACK			
How did you find out about Pippa Wylde Pilates? <i>Please tick as appropriate:</i>			
Website / Internet	<input type="checkbox"/>	Newspaper Adv.	<input type="checkbox"/>
Parish Magazine	<input type="checkbox"/>	Village Shop	<input type="checkbox"/>
		Leaflet Drop	<input type="checkbox"/>
		Friend	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>