

Focus Pilates and Massage - Client Registration

Brooke Jancy Sultana (ABN 72 741 174 308) trading as **Focus Pilates and Massage** ("the Studio", "we", "us")

In this form, "the Studio" includes our directors, owners, instructors, therapists, employees, contractors and agents. "I" and "you" mean the client signing this form.

This registration includes your Health Declaration, Consent and Liability Waivers.

Please read every part before signing. If you are booking massage or dry needling, please ensure you complete section 4. Reach out if you have any questions.

If the client is under 18, a parent or legal guardian must also complete the guardian consent in section 5.

Client INFORMATION

Full name	
Date of birth	
Email address	
Mobile phone	
Home address	
Emergency contact – name and relationship	
Emergency contact – phone	

If the client is under 18, a parent or legal guardian must also sign as guardian in Section 5

Section 1 – Health and Care

Health declaration

This helps us adapt your exercise or treatment safely. If you answer "Yes" to anything, please give details below and tell your instructor or therapist before your first session. We recommend you get advice from your doctor or physiotherapist before starting if you are unsure.

Do you currently have, or have you had, any of the following?	Yes	No
Heart condition, high or low blood pressure, or circulation problem	☐	☐
Currently pregnant, or given birth in the last 12 months	☐	☐
Surgery in the last 12 months, or a current injury	☐	☐
Back, neck or joint condition, or ongoing pain	☐	☐
Osteoporosis, osteopenia or a previous fracture	☐	☐
Dizziness, fainting, balance problems or epilepsy	☐	☐
Diabetes, asthma or another condition that affects exercise	☐	☐
Blood-clotting disorder, or taking blood-thinning medication	☐	☐
Allergies (for example latex, massage oils or metals)	☐	☐
Implanted medical device (for example a pacemaker)	☐	☐
Any other condition, medication or concern we should know about	☐	☐

Details of any "Yes" answers (conditions, medications, injuries, dates)	
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I confirm that the information I have given is true and complete to the best of my knowledge. I will tell the Studio promptly if my health changes. I understand that the Studio relies on this information to adapt classes and treatments and cannot account for conditions I have not told them about.

Initials: _____

Emergency first aid and ambulance consent

If I am injured, become unwell or am unresponsive while at the Studio, I consent to Studio staff giving me first aid (including CPR and, if available, a defibrillator) and calling Triple Zero (000) for an ambulance. I consent to the Studio giving paramedics and treating staff the health information in Part 2, and contacting my emergency contact. I understand that ambulance and hospital costs may be charged to me and that I am responsible for them.

Initials: _____

Section 2 – Policy and Privacy

Policy for Bookings, cancellations and class packs

Bookings. Please book all classes and treatments through the Be Essential booking system. If you have difficulty, reach out to us, and we can assist.

Payments. These can be made through the booking system with card or directly to us via direct debit or cash. Casual classes must be paid for by day of attendance.

Cancellation. Please cancel or reschedule at least **24 hours** before your class or appointment starts through the booking system. For exceptional circumstances, we will accept cancellation **12 hours** before your class or appointment, but these must be via SMS or phone call.

With 24 hours' notice or more: the class or appointment is credited to your account and can be used within the expiry period.

Between 24 and 12 hours: a make-up, alternative class will be offered.

With less than 12 hours' notice, or if you do not attend: the full price of that class or appointment is charged, or one class is deducted from your pack. This reflects the place we held for you and our inability to offer it to someone else. We may waive this at our discretion.

If we cancel or reschedule. In the event we need to change your booking, we will offer you an alternative session. No credit will be provided if you are unable to attend any of the alternative sessions offered.

Expiry. A 10-class pack must be used within 10 weeks of the start of the term in which it was bought. If you have purchased a casual class online, it must be used within 30 days of purchase or by the end of the term in which it was bought, whichever is later. Classes cannot be transferred to another person or term, extended, or paused for holidays, except where the law requires or where I cancel or reschedule.

Make-up classes. Missed or credited classes must be made up within the expiry period and depend on class availability. Expiry period unless otherwise specified is the end of the School term the class was booked in.

Your legal rights. Nothing in this Part limits your rights under the Australian Consumer Law, including your right to a remedy if we do not provide a service you have paid for.

By signing this form I acknowledge and accept the above booking terms.

Initials: _____

Privacy

The Studio collects the personal and health information in this form to provide safe classes and treatments, manage bookings and payments, contact you and your emergency contact, and meet our legal obligations. We store it securely and keep it for as long as the law requires. We only share it with others if you agree, if it is needed in an emergency, or if the law requires or allows it. You can ask to see or correct your information at any time by contacting focuspilatesandmassage@gmail.com. Our privacy policy is available on request.

By signing this form, I consent to the collection, use and disclosure of my information as described.

Initials: _____

Studio conduct and intellectual property

Respect. Working together depends on respect, honesty and turning up for the work. Please set realistic goals with your teacher and raise any concerns with them directly. The Studio may ask a person to leave, or end a booking, for disrespectful or unsafe behaviour towards staff or other clients. Unused classes will be refunded or credited unless the behaviour involved violence, threats or harassment.

Intellectual property. Class plans, sequences, written materials and recordings are the intellectual property of the Studio, its director and its teachers. I will not record, copy, distribute or use them for commercial teaching or training without written permission from the Studio. I may use what I learn for my own personal practice.

Initials: _____

Section 3 – Pilates Waiver

IMPORTANT WARNING – PLEASE READ BEFORE SIGNING. This part affects your legal rights.

The Australian Consumer Law gives you a guarantee that services are provided with due care and skill. In New South Wales the law allows providers of recreational services, such as Pilates and exercise classes, to ask you to agree to exclude liability for death or personal injury that results from a failure to provide the services with due care and skill.

By signing this part, you agree to take part in Pilates and exercise at your own risk and you give up your right to claim compensation from the Studio for death or personal injury if that is caused by the Studio's failure to take reasonable care, to the extent the law allows. This does not apply to significant personal injury caused by the Studio's reckless conduct.

Pilates and exercise: risks, own-risk participation and waiver

The activity and its risks. Pilates, strength, flexibility and aerobic exercise involve physical exertion and the use of equipment such as reformers, towers, chairs, barrels, springs, straps and weights. The risks include muscle strains and sprains, joint injuries, falls, bruising, pinching or impact from equipment and springs, dizziness or fainting, aggravation of an existing injury or condition and, rarely, serious injury, permanent disability or death. These risks can arise even when instructors take reasonable care, and can result from my own movements, other people or equipment.

My responsibilities. I will tell my instructor about any injury, pregnancy or change in my health before class; follow instructions and use equipment as shown; stop and tell the instructor if I feel pain, dizziness or discomfort; not attend if I am unwell or affected by alcohol or drugs; and ask for modifications or help whenever I need it.

Own-risk participation. I choose to take part in the Studio's Pilates and exercise classes and to use its equipment (together, "the Exercise Services") at my own risk.

Exclusion of liability. To the maximum extent permitted by law, including section 5N of the Civil Liability Act 2002 (NSW) and section 139A of the Competition and Consumer Act 2010 (Cth), I agree that the Studio is not liable to me for death, or for physical or mental injury (including the aggravation, acceleration or recurrence of an injury, or the contraction, aggravation or acceleration of a disease), arising from the Exercise Services and resulting from a breach of any express or implied warranty or guarantee that the services will be provided with due care and skill, including the consumer guarantees in sections 60 to 62 of the Australian Consumer Law. This applies whether the claim is made in negligence, contract or otherwise.

Limits. The above clause: (a) applies only to death and personal injury, and not to loss of or damage to property or other losses; (b) does not apply to significant personal injury caused by the Studio's reckless conduct; (c) does not exclude any right or liability that cannot lawfully be excluded; and (d) does not apply to massage or dry needling treatments, which are covered by Section 4

Acknowledgements. I have read and understood this Part and the warning above. I have had the chance to ask questions and to read the form completely before signing. I am signing voluntarily and understand it forms part of my agreement with the Studio.

Initials: _____

Section 4 – Treatments

The following sections apply to those who are, or may in the future, engage Focus Pilates and Massage for a massage or dry needling treatment.

If you do not wish to consent to these, please do not initial these pages. If you do not consent, then in the future wish to book a treatment a new registration form will be required to be completed.

Please enquire with your practitioner if you wish to claim a health fund rebate.

Massage and remedial therapy consent

Benefits and no guarantee. Massage may help with muscular tension, relaxation, stress-related symptoms and general wellbeing. Results are not guaranteed and vary between people.

Possible effects. Treatment may cause temporary muscle soreness, mild bruising, increased awareness of areas of pain, light-headedness or a skin reaction to oils or lotions.

Scope. My therapist does not diagnose illness, prescribe medication or perform spinal manipulation. Massage is not a substitute for medical care, and I will see my doctor about any medical concern.

My health information. I have given my therapist accurate health information in Section 1 and will update them if anything changes.

My rights. I may ask questions about the treatment and receive an explanation of any technique before it is used. I will say if I feel any discomfort, and the treatment will be adjusted. I may ask the therapist to stop, or withdraw my consent, at any time.

No exclusion of liability. This Part is a consent to treatment. It does not exclude or limit the Studio's liability for the treatment it provides or any right I have under law.

I consent to massage treatment on this basis.

Initials: _____

Dry needling informed consent

What it is. Dry needling uses fine, sterile, single-use needles inserted into muscles or trigger points to help manage pain, muscle stiffness, spasm and swelling.

Common effects. Soreness or aching in the treated area (usually for 24 to 48 hours), bruising or minor bleeding at needle sites, muscle twitching, fatigue, light-headedness or fainting.

Less common risks. Irritation of a nerve causing pain, tingling or numbness (usually temporary, but occasionally lasting longer); infection; worsening of symptoms; damage to a blood vessel; breakage of a needle.

Rare but serious risk. Needling around the chest, upper back, shoulder or neck carries a small risk of puncturing a lung (pneumothorax). The practitioner uses short needles and extra care in these areas. If I develop chest pain, shortness of breath or any other serious symptom after treatment, I will seek urgent medical help (call 000).

No guarantee. Dry needling may help, but results are not guaranteed, and improvement time varies between people.

Things the practitioner must know. I have completed the health declaration and have told the practitioner if any of these apply to me: pregnancy; a bleeding or clotting disorder or blood-thinning medication; a weakened immune system; lymphoedema in the area being treated; infection, wounds or skin conditions in the area; a metal allergy; an implanted device; a history of fainting; or fear of needles.

My rights. I have been able to ask questions, and I understand the risks and alternatives. If I feel uncomfortable, nervous, nauseous or in pain at any point, the needles will be removed immediately on request. I can withdraw consent at any time, and I may be asked to confirm my consent again at later sessions.

No exclusion of liability. This Part is a consent to treatment. It does not exclude or limit the Studio's or the practitioner's liability or any right I have under law.

I consent to dry needling treatment on this basis.

Initials: _____

Section 5 – Acceptance and Declaration

Declaration and signature

By signing below I confirm that I have read and understood this form (including the warning in Section 3), I have had the chance to ask questions, the information I have given is true, and I agree to Sections 1 to 3 and 5, and to Section 4 if I am receiving those treatments and have initialled the respective elements.

Signature of client	
Printed name	
Date	

If the client is under 18 – parent or legal guardian

I am the parent or legal guardian of the client named in Section 1 or within the Webform. I have read and understood this form, and I give consent for the client to take part. I agree to its terms on the client's behalf and for myself.

Parent / guardian signature	
Printed name and relationship	
Date	
Phone	