Oksana Code

BODY CARD INFORMATION

Complete full name

Date of birth

Telephone

E-Mail

Date of start pilates

Level

Sport experience

Injuries - Body remarks

Do you have any injuries?

Do you have recurring back pain? ☐ Yes ☐ No if yes, is it a radiating pain: ☐ Yes ☐ No

Do you have recurring neck pain? ☐ Yes ☐ No if yes, is it a radiating pain: ☐ Yes ☐ No

Do you have musculoskeletal problems:

in general: ☐ Yes ☐ No

in the knee: ☐ Yes ☐ No

in the hip: ☐ Yes ☐ No

in the shoulder: ☐ Yes ☐ No

If you have health issues or injuries, we recommend private sessions instead of group classes so we can best meet your needs.

Your personal information is kept strictly confidential and will never be shared.
This information is used solely by the organizer, Oksana Friesen, to process your registration and stay in touch with you. By providing these details, you consent to this use.

I agree and confirm that my details are complete and correct.

Datum & Signature