



## Client Registration Form

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_ May we send you emails? Yes  No   
Occupation: \_\_\_\_\_ Place of work: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
Emergency Contact- Name and Number: \_\_\_\_\_  
Current Injuries: \_\_\_\_\_  
Previous Injuries: \_\_\_\_\_  
Movement restrictions: \_\_\_\_\_  
Medical conditions: \_\_\_\_\_  
Medications: \_\_\_\_\_  
Current treatments/ recent surgeries: \_\_\_\_\_  
Do you have or have you in the past contracted an infectious disease (e.g. skin disease, hepatitis, HIV)?:  
Yes  No   
If yes, please give details: \_\_\_\_\_  
Has the above pain or injuries affected you in any way? \_\_\_\_\_  
Are you pregnant? Yes  No  When are you due? \_\_\_\_\_  
Birth and baby history: \_\_\_\_\_  
Current exercise regime, frequency? \_\_\_\_\_  
Goals and reason for beginning classes: \_\_\_\_\_  
Are you, or have you ever trained at an elite level in any sport or art? \_\_\_\_\_  
Do you agree to the teacher using "hands on" approach for corrections, guidance and safety? Yes  No   
How did you hear about this studio? \_\_\_\_\_

I agree that the information I have given on this document is true and correct. I have read and understood all wording printed on this document and take full responsibility for my actions at any and all times on the premises of Beyond Movement Studio and during any workouts, classes, practice and use of equipment in any way whilst engaged in activities on the above premises. I agree that neither I, my heirs, assigns or legal representatives will sue or make any other claims of any kind whatsoever against Beyond Movement Studio its employees or its members for any personal injury, property damage/loss, or wrongful death, whether caused by negligence or otherwise. I agree that payments are non-refundable and non-transferable. **I understand that I must give 24 hours notice for cancellation of bookings or full fee will be charged.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

beyond movement studio

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