



8 Roundhouse Court, Lymington
Client Record and Payment

Name

Class :

Address

Post Code : Date of Birth:

e-Mail

Mobile Number :

Landline Number :

Emergency Contact number : Name:

Occupation

Doctor Telephone

Injuries

Medication

Payment - Coast Pilates only accept payment by direct debit

My bank details for direct debit is:

Account holder : Amount per month:

Sort code : Account Number :

Direct debit effective from : Day of month for DD :

I, _____, will not hold any trainer at Coast Pilates Studio responsible for any injury while training or being at the premises.

I will not hold the Studio responsible for any theft or loss of personal belongings from the studio, acknowledge that I received a copy of the terms and conditions.

I agree to Coast Pilates Setting up a Direct Debit for collecting class fees.

I have read the Class information and Terms and conditions and received a copy

Signed : Date:

Coast Pilates Admin: Recorded : DD set up: Welcome e-mail: