

# Body Art

## Enrolment Form

Please fill in this form & submit it to the Management. After your application has been approved, a membership card will be issued to you.

Name: \_\_\_\_\_

Contact No: Mob: \_\_\_\_\_ Res: \_\_\_\_\_ Off: \_\_\_\_\_

Email: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

If student, where & what do you study? \_\_\_\_\_

### Tick the appropriate box below:

- Diabetes
- Asthma
- Upper / Mid / Lower Back Problems
- Coronary blockages
- Arthritis
- High / Low Blood Pressure
- Any others? If so, please mention them \_\_\_\_\_

### You are enrolling in this programme to:

- Lose fat / inches
- Tone up
- Improve your posture
- Increase mobility / flexibility
- Improve a specific health problem
- Any others. Please specify \_\_\_\_\_

I, the undersigned, will abide by the principles provided on "Some Useful Information About The Pilates Hub".

If I, the undersigned, use your valet service for parking, it will be only on the basis that you will not be responsible for ensuring that the vehicle is not taken away/damaged/stolen nor anything stolen therefrom, and/or that the valets are appropriately selected/qualified.

I, the undersigned, have had myself medically checked up & been given clearance to exercise, & will give Body Art a copy of written medical clearance within a month, although the Management will not be entitled to insist upon it.

Signature \_\_\_\_\_

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Body Art – The Pilates Hub | 602, Amore Edge, Swami Vivekanand Rd, Govind Dham, Khar (West),  
Bandra, Mumbai – 400052.