contrology
THE PILATES STUDIO

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Our studio keeps things small, personal, and true to Joseph Pilates' vision: mindful movement that strengthens, restores, and uplifts. Here, you won't get lost in the crowd — every class is intimate, every cue tailored, every session designed to help you feel stronger, calmer, and more connected to you.

Think of it as your boutique space for balance, breath, and an integrated part of your enhanced lifestyle. Bespoke sessions can be tailored to your needs at every level, including your availability and budget.

PILATES CLIENT INTAKE & CONSENT FORM

1. PERSONAL DETAILS

Full Name: _____
Date of Birth: _____
ID/Passport Number: _____
Mobile Number: _____
Email Address: _____
Emergency Contact Name & Number: _____

2. MEDICAL HISTORY *please tick the appropriate boxes*

[ ] Heart Condition/High Blood Pressure
[ ] Diabetes
[ ] Asthma/Breathing Issues
[ ] Osteoporosis/Osteopenia
[ ] Joint Injuries *(shoulder, knee, etc.)*
[ ] Back or Neck Pain/Disc Issues
[ ] Recent Surgery *(last 12 months)*
[ ] Pregnancy or Postnatal *(<6 months)*
[ ] Epilepsy
[ ] Hernia
[ ] Other medical conditions *(please specify):* _____
_____

Are you taking medication that may affect exercise? [ ] Yes [ ] No
If yes, please explain: _____
Have you been cleared by your doctor for physical exercise? [ ] Yes [ ] No [ ] Not Sure
Doctor/Medical practitioners details: _____
_____
Medical Aid, contact details and membership #: _____
_____

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3. PHYSICAL ACTIVITY BACKGROUND *please tick the appropriate boxes*

Have you done Pilates before? [ ] Yes [ ] No. Specific type of Pilates (BASI, STOTT etc.): _____
If yes, for how long and frequency? _____
Mat, equipment (specify equipment type) or both?_____
_____
Do you exercise regularly? [ ] Yes [ ] No
What other physical activity do you do? _____
_____

4. PILATES CLIENT INTAKE & CONSENT FORM *please tick the appropriate boxes*

What are your goals for Pilates? [ ] Core Strength [ ] Flexibility [ ] Injury Rehab [ ] Fitness [ ] Stress Relief [ ] Posture [ ] Other: _____

5. PACKAGES: *Please refer to pricing on page 3*

Preferred days and times: *Please tick the appropriate boxes and specify more than 1 day or time, if available.*

[ ] Private [ ] Group [ ] Personalised bespoke combination of private and group

[ ] Mat [ ] Equipment [ ] Personalised bespoke combination of private and group

[ ] Monday [ ] Tuesday [ ] Wednesday [ ] Thursday [ ] Friday [ ] Saturday [ ] Sunday

[ ] 6am – 9am [ ] 10am – 1pm [ ] 2pm – 5pm [ ] 6pm – 9pm [ ] Other_____

[ ] Monthly [ ] 3-month package less 2.5% [ ] 6-month package less 5% [ ] 12-month package less 7.5%

24-hour cancellation policy or a late cancellation/no-show fee of R100 shall be applied to ensure availability for other clients. Subscriptions terminated with 4-weeks advanced written notice.

5a. Rotation Pilates: *Please refer to pricing on page 3*

Preferred days and times: *Please tick the appropriate boxes and specify more than 1 day or time, if available.*

[ ] Single [ ] Once/week [ ] Twice/week

[ ] Thurs 6:30pm [ ] Saturday 8am [ ] Saturday 9am

[ ] Day and time preference as classes are added_____

24-hour cancellation policy or a late cancellation/no-show fee of R100 shall be applied to ensure availability for other clients. Subscriptions terminated with 4-weeks advanced written notice.

6. CONSENT, LIABILITY AND WAIVER *please tick the appropriate boxes*

I, the undersigned, confirm that the information provided above is true and complete to the best of my knowledge. I understand that:

- Pilates exercise involves physical activity and there is a risk of injury
- The instructor will provide appropriate guidance and modifications, but it is my responsibility to inform them of any pain or discomfort during the session
- If I have a medical condition or concern, I must consult a medical professional before participating
- Instructors assigned to classes may change but have all been trained to suit The Studios teaching style and culture
- Waiver covers The Instructor except for gross negligence or intentional misconduct
- Explicit consent provided for hands-on adjustments

[ ] I understand and accept the terms above

[ ] I give permission for the studio to make contact regarding bookings, promotions, and updates

5. SIGNATURE

Client Signature: _____ Date: _____

contrology: _____ Date: _____

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PRICING 2026

Equipment (50 min sessions) *Max 3 clients/instructor*	ZAR	VALID
Drop in private	475	per class
Drop in duet/trio	375/295	per class
Packages: (10% discount)		
5/10 private sessions	2 135/4 275	6/12 weeks
5/10 duet sessions	1 650/3 375	6/12 weeks
5/10 trio sessions	1 325/2 650	6/12 weeks

Rotation classes *Max 3 clients/instructor*	ZAR	VALID
Drop in	250	per class
Packages: (10% discount)		
5/10 sessions	1 125/2 250	6/12 weeks

Mat (50 min sessions)	ZAR	VALID
Drop in private /rehab	375/400	per class
Drop in max 6 people	220	per class
Packages: (10% discount)		
5/10 sessions	990/1 980	6/12 weeks

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