

# Jim Pickles

## Posture and Flexibility



**Name:**

**Phone No:**

**Email address:**

Are you willing to receive class information by email? Yes/No

**Postal address:**

**Recent exercise undertaken:**

**Do you have any medical issues that I should know about?** Please also keep me informed about any changes. Please list if applicable:

Any medical issues should be dealt with by a qualified medical professional, who needs to agree to your participation in an exercise programme consisting of relaxation, core strengthening, stretching, postural alignment and meditation.

**Do you have any areas of concern** (as distinct from the medical issues listed above)? (e.g. tension in shoulders, neck, etc):

The above information is required to assess the suitability of the exercise programme. The information will be treated with the strictest confidence and will not be disclosed to third parties without the participant's consent, unless required by law.

I confirm the above details. I understand that it is my responsibility to apply the techniques only to the extent that they are appropriate and comfortable for me.

**Signed:**

**Date:**

**Contact details:** Jim Pickles, 15 Seng St, Graceville, Qld 4075.  
Home phone number: 07-3379-9494, mobile: 041-556-2030, email: [j.pickles@uq.edu.au](mailto:j.pickles@uq.edu.au) (email is usually best for me; I will reply quickly). I also have a webpage: [www.jimpflex.com.au](http://www.jimpflex.com.au) which also has details of the classes.