



**CLIENT REGISTRATION FORM**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE/HOME:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**WORK:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US? (Please circle)**

**Friend**   **Drive by**   **Internet:** Google, Website, Facebook, Yelp.   **Advertisement**

**Health & Wellness Fair**

Referral (Names please) \_\_\_\_\_ **OTHER:** \_\_\_\_\_

What are your short and long-term goals with Pilates?

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**OTHER INTERESTS:** (Please circle)

Personal Training   Boot camps   Weightlifting   Cardio   Pre/Post Natal   Workshops

Sports (specify) \_\_\_\_\_ Other: \_\_\_\_\_

**FITNESS PROFILE**

**NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **BIRTHDAY:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**OCCUPATION:** \_\_\_\_\_ **HEIGHT:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_

**EMERGENCY**

**CONTACT:** \_\_\_\_\_ **PH:** \_\_\_\_\_ **PHYSICIAN**

**NAME:** \_\_\_\_\_ **PH:** \_\_\_\_\_



MEDICAL HISTORY

These conditions affect your ability to exercise. Please check those that apply to you.

- High Blood Pressure
- Heart ailment – Specify: \_\_\_\_\_
- Family History of heart disease or stroke: \_\_\_\_\_
- Heart Palpitations
- Chest pains
- Dizzy spells  Fainting: \_\_\_\_\_
- Difficulty Breathing or  Asthma: \_\_\_\_\_
- Hay Fever or  Allergies-Specify: \_\_\_\_\_
- Shortness of breath from mild exertion: \_\_\_\_\_
- Seizures: \_\_\_\_\_
- Diabetes- Specify  Type I  Type II  Insulin Dependent: \_\_\_\_\_
- Cancer: \_\_\_\_\_
- High Cholesterol
- Osteoporosis: \_\_\_\_\_
- Medications currently taking: \_\_\_\_\_
- Other: \_\_\_\_\_

MAJOR SURGERIES: \_\_\_\_\_  
\_\_\_\_\_

Do you have or have you had any back problems or pain? If yes, please explain. When did it last occur?

\_\_\_\_\_  
\_\_\_\_\_

Do you have or have you had any problems in muscles, joints, ligaments or tendons? (like Arthritis, calcium deposits, torn muscles, torn cartilage, nerve damage, bone fragments, dislocations, hernias, etc.) Please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



## STUDIO POLICIES

### Please initial the following:

\_\_\_\_\_ Payment is due before services will be rendered. We accept Credit Cards, checks or cash. Class availability is first come, first serve.

\_\_\_\_\_ There is a flat rate charge for class packages. You may use your equipment class package toward a Mat class even though there is a price difference. There must be at least two people signed up in order for the class to make.

\_\_\_\_\_ **24-HOUR CANCELLATION POLICY: If you are going to miss a scheduled class...with 24 hours notice, we will allow you to reschedule your class or private session. Without 24-hours notice, you will be charged for your missed class or private session. Your 24-hours notice gives someone else an opportunity to reschedule their missed class in your place.**

\_\_\_\_\_ We do not guarantee you a class to reschedule in. If there is not an open spot in the class you would like to reschedule, you can put your name on the waiting list. When someone else cancels, you will be notified.

\_\_\_\_\_ Some of our class packages come with a free class(es)! Free classes are yours to miss or take as a bonus.

\_\_\_\_\_ All Private session and Class packages have a 30 day expiration. All classes or private sessions and packages are to be completed within a 30 day period and do not carry over to the next month. No refunds.

Thank you!  
Performance Pilates

**RELEASE AND WAIVER OF LIABILITY:**

MEMBER'S ACKNOWLEDGEMENT OF ASSUMPTION OF RISK AND FULL RELEASE FROM LIABILITY OF PERFORMANCE PILATES. The Participant acknowledges that participation in Pilates exercise is strenuous physical activity and may include weight training & equipment other than Pilates equipment (the "Physical Activities"). The Participant acknowledges these physical activities involve inherent risk of physical injuries or other damages, including, but not limited to heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/lower back/foot injuries and other illness, soreness, or injury however caused, occurring during or after participation in the Physical Activities. The Participant further acknowledges that such risks include but are not limited to injuries caused by the negligence of an instructor or other person, defective or improperly used equipment, over exertion of a participant, slip and fall by participant, or an unknown health problem of participant. The Participant agrees to assume all risk and responsibility involved with participation in the Physical Activities. The Participant affirms that they are in good physical condition and does not suffer from any disability that would prevent or limit participation in the Physical Activities. Participant acknowledges that participation will be physically and mentally challenging, and agrees that it is the responsibility of Participant to seek competent medical or other professional advice regarding any concerns involved with the ability of Participant to take part in the Physical Activities. By signing this Agreement, Participant asserts that he or she is capable of participating in the Physical Activities and agrees to assume all risk and responsibility for exceeding his or her own physical limits. Participant, on behalf of Participant, his or her heirs, assigns the next of kin, agrees to fully release PERFORMANCE PILATES (as well as any of its owners, related entities, employees, or other authorized agents, including Independent Contractors) from any and all liability, claims and/or litigation actions that the Participant may have for injuries, disability or death or other damages of any kind, including but not limited to punitive damages, arising out of participation in the Physical Activities but not limited to Pilates training and the Physical Activities, even if caused by the negligence, intentional acts or omissions and/or any other type of fault of PERFROMANCE PILATES, it's owners employees or other authorized agents including Independent Contractors.

MEMBER SIGNATURE: **X** \_\_\_\_\_ DATE: \_\_\_\_\_

**WAIVER & RELEASE:** I have read, understood, and completed this document truthfully. Any questions I had were answered to my full satisfaction. I agree that there is risk to any type of exercise and I assure all risk of injury to myself or damage to my property and I acknowledge that I am solely responsible for my health. I, on behalf of myself and my family, successors, survivors, heirs and personal representatives, unconditionally waive, release and discharge my exercise leaders and any person or entity associated therewith, from any and all liability, claims, and demands. Losses, costs, expenses and damages what so ever resulting from injuries sustained by me or damage to my property as a result of my participation in this physical fitness program, including, without limitation, those resulting from act of active, passive or gross negligence.

**NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
Parent or Guardian (needed if participant is under the age of 18)

Emergency Contact and Information:

**NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_