



To better serve your health and fitness needs, we ask that you complete this form:

Name: _____ Date: _____

Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____

Cell: _____ Email: _____

What is the best way to reach you? Email Home Work Cell

Automated Email reminders are sent 48-hours before scheduled appointments

Emergency Contact: _____ Phone: _____

Relationship to Emergency Contact: _____

How did you find us?

Web Yelp Walking By Friend/Family Referral Health Practitioner Other: _____

Name of Referral: _____

What is your occupation? Do you sit at a desk or are you on your feet all day?

What specific health goals do you hope to achieve through the Pilates Method?

Improve Performance Physical Therapy Support Physical Fitness

Other (Please Explain):

Please list previous and current activities/exercises you participate in?

Previous:

Current:

Describe your physical history, listing injuries, ailments, illness, surgeries, pregnancies, and any other significant medical treatments.

Please check all body parts that are involved. (R=right, L= Left).

<input type="checkbox"/> Head	<input type="checkbox"/> R or L Hip	<input type="checkbox"/> Arthritis
<input type="checkbox"/> Neck	<input type="checkbox"/> Pelvis	<input type="checkbox"/> Asthma Medicated? Y or N
<input type="checkbox"/> Shoulder	<input type="checkbox"/> R or L Knee	<input type="checkbox"/> # of Pregnancies
<input type="checkbox"/> R or L Arm	<input type="checkbox"/> R or L Elbow	<input type="checkbox"/> # of C-Sections
<input type="checkbox"/> R or L Hand	<input type="checkbox"/> R or L Ankle	<input type="checkbox"/> # of Children
<input type="checkbox"/> R or L Elbow	<input type="checkbox"/> High/Low Blood Pressure Medicated? Y or N	<input type="checkbox"/> Parkinson's
<input type="checkbox"/> Upper Back	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Cancer Type:
<input type="checkbox"/> Middle Back	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Hysterectomy Year:
<input type="checkbox"/> Lower Back	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Ehler's Danlos Syndrome
<input type="checkbox"/> Ribs	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> Fibromyalgia
<input type="checkbox"/> Abdomen		

Please describe your current physical condition. Include any relevant information related or not included above that will help us better serve your health and fitness needs.

Are you currently in physical therapy or being treated by a chiropractor or other practitioner for ailments/injuries listed previously?

What days and times are you available to take lessons?

What are you interested in participating in? Check all that apply.

Privates Duets Group Classes Undecided

WAIVER & CONSENT FORM

CANCELLATION POLICY: I UNDERSTAND THAT I MUST CANCEL A SCHEDULED APPOINTMENT. I MUST NOTIFY EVERY BODY PILATES AT LEAST 24 HOURS IN ADVANCE OR I WILL BE HELD RESPONSIBLE FOR A PAYMENT IN FULL.

Client Initials _____
Instructor Initials _____

I have enrolled in a program of instruction in the Pilates Method and/or Redcord of physical conditioning offered by Every Body Fitness-Pilates, Inc. I have been advised and will understand that participation in Pilates Method of exercise and conditioning activities, like any physical conditioning activity or exercise illness, or medical disabilities. I understand that the use of exercise equipment also carries with it a risk of injury. I recognize that many changes may occur as a result of these exercise lessons, including possible short-term aggravation of some symptoms, feelings of tiredness, light-headedness, increased energy, mood changes, etc.

I also understand that a medical evaluation is advisable before commencing any program of physical conditioning or exercise. I have and will continue to keep Every Body Pilates fully informed of any physical condition or disability, which would prevent or limit my participation in any exercise or physical conditioning program. I acknowledge that, although the conditioning program I participate in may have substantial physical benefits, neither Every Body Pilates nor its employees are engaged in diagnosing or treating medical diseases or deficiencies.

If I have enrolled in a program of the Pilates Method conditioning which is to be conducted by a Pilates Method intern, I have been advised that the student intern conducting the program has not completed the full requirement for certification to teach the Pilates Method. I understand that because the student intern has relatively limited knowledge and experience with the Pilates Method, the risk of injury to me may be greater.

I expressly assume all risks of my participation in the programs of Pilates Method conditioning conducted by Every Body Pilates, on-site and off-site programs and waive any claim which I might otherwise bring against Every Body Pilates, or Kirstin L. deFrees, its officers, directors, shareholders, employees, trainees and contractors as a result of injuries resulting from or relating to my participation in Pilates Method conditioning program.

Every Body Pilates shall not be responsible or liable for any articles lost, stolen, or damaged, in or about the studio, or off-site locations.

I understand that Mat and Apparatus classes require prior evaluation of my fitness level and that I am responsible for attending the appropriate level class.

In case of teacher illness or emergency, you will be notified as soon as the need for cancellation has been determined. There will be no charge and the lesson will be rescheduled as a result of these circumstances.

Signature: _____ Date: _____