

2 PAGE PILATES HEALTH INFORMATION FORM

Date: _____

First Name _____ Last Name _____ Birthday (Month/day) _____

Street Address _____ City _____ State _____ Zip Code _____

Phone (Home/Work/Cell) _____ Email _____

We respect your privacy. Email may be used for informing you of lesson times, cancellations & special events. If you want to opt-out, check here _____.

Fitness & Medical History

To ensure that I design a safe program to meet your needs, please accurately & honestly provide us with your history.

Please rate your general fitness:

Cardiovascular Conditioning: Inactive _____ Low _____ Moderate _____ High _____

Muscular Strength: Weak _____ Moderate Strength _____ Very Strong _____

Flexibility: Stiff _____ Moderately Flexible _____ Very Flexible _____

Does your lifestyle involve any of the following (please circle all that apply): Standing Bending Driving
Sitting for long periods Lifting heavy objects Other repetitive action

Please detail any past & current issues:

Feet? right _____ left _____ none _____

Describe _____

Shoulder? right _____ left _____ none _____

Describe _____

Ankle? right _____ left _____ none _____

Describe _____

Neck? right _____ left _____ none _____

Describe _____

Knee? right _____ left _____ none _____

Describe _____

Persistent / chronic condition? no _____ yes _____

Describe _____

Hip? right _____ left _____ none _____

Describe _____

Scoliosis? no _____ yes _____

Describe _____

Back? right _____ left _____ none _____

Describe _____

Elbow/Wrist/Hand? right _____ left _____ none _____

Describe _____

Surgeries / broken bones? no _____ yes _____

Describe _____

Taking medication? no _____ yes _____

Describe _____

Please describe any other past or present limitations you may have that are not listed above:

Please rate your experience with Pilates exercise:

Have you ever done (please circle all that apply): Mat Equipment Video Book Trainer None

Are you interested in (please circle all that apply): Personal Instruction Group Classes

What times/days best fit your lifestyle (please circle all that apply): Morning Evening Either

Monday Tuesday Wednesday Thursday Friday Saturday

What are your health & fitness goals? (please detail short & long term goals)

It is recommended that you consult with a physician before starting this or any exercise program. It will be necessary to have your physician's approval if two or more of the forgoing responses are "yes" or if you are pregnant. If you notice any pain or discomfort during the course of the exercise program, stop exercising immediately & inform the instructor.

Please carefully read & initial that you understand the following guidelines:

_____ **Arrival:** Please arrive a few minutes prior to the start of your session and wait quietly. Trainers might schedule consecutive appointments with other clients. If you arrive late, you will be charged for the entire session & lost time might not be made up at the end of your session.

_____ **Payment:** Advance payment is required and may only be conducted at the front desk, online via Paypal, or directly to Lisa Sentner prior the session appointment and participation.

_____ **Missed/cancelled appointments:** A strict 4-hour minimum notice is enforced for ALL scheduled & standing appointments. A \$25 rescheduling/canceling fee will be charged if given under 4 hours notice. Missed ('no-show') or late-cancellations with less than 1 hour advance notice will be charged in full.

_____ **Standing Appointments:** Time slots cannot be guaranteed unless sessions are purchased in advance and confirmed with the instructor. If you have agreed on a standing appointment, inconsistent attendance will result in the loss of that time slot regardless of 4-hour notification.

_____ **Pricing:** Up Stretch Pilates Studio reserves the right to adjust fees based on instructor's experience and equipment. If you are currently in a package of sessions, the pricing of any remaining sessions shall not be affected. New rates will be in effect when you make your next purchase.

_____ **Refunds:** Session purchases are non-refundable, non-transferable and must be completed within 1 year of initial date of purchase.

_____ **Lost, Damaged or Stolen Articles:** It is the student's responsibility to monitor possessions. The instructor, studio & gym will not be responsible for any theft or damage of belongings while on premises.

_____ **Waiver of Liability:** I, the participant, attest and initial that I am responsible for my own insurance coverage during the time at the premises. I understand and agree that Lisa Sentner dba Up Stretch Pilates Studio, the instructor, and insurers shall not be liable in any way for any personal injury to me or loss of life that may result either directly or indirectly from my participation in this Pilates program. I have no physical condition or disability that, under the circumstances, would make it especially hazardous to me to participate in a fitness program that will require physical exertion. I attest that I am physically fit for this event. I have been advised by a physician that I am physically able and fully understand the risks inherent in performing these exercises.

I have read, understand and have truthfully completed all of the foregoing information.

Participant's Name (please print clearly)

Date

Participant's Signature