

# THE PILATES PLACE, LLC

Today's Date: \_\_\_\_\_

Welcome to THE PILATES PLACE LLC. So that we may better understand and serve your specific health and fitness needs, please accurately complete both sides of this form. Thank you.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

Please indicate whether you experience or have experienced any of the following:

Arthritis  Asthma  Cancer  Chest Pain  Diabetes  Fibromyalgia  
 Headaches  Heart Disease  High Cholesterol  Hypertension  Child Birth  
 Metabolic Disorder  Neurological Disorder  Osteoporosis  Spinal Disorder

Describe any current/past injuries, surgeries, pregnancies, significant medical or alternative treatments. Check all body parts involved. Specify right(R) left(L) or both(B):

Upper Back  Shoulder  Hip/Pelvis  Abdomen  
 Middle Back  Knee  Ribcage  Head  
 Lower Back  Foot/Ankle  Hand/Arm  Neck

Describe your present physical condition, including any medications:

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Are you currently receiving care:

Physical Therapy  Chiropractic  Massage  Acupuncture  Other

Please explain \_\_\_\_\_

List current physical activities (including sports, exercise, movement and martial arts)

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What brings you to THE PILATES PLACE LLC? What are your goals?

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How did you find out about THE PILATES PLACE LLC?

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I certify that the previous page is complete and correct to the best of my knowledge.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

**CANCELLATION POLICY:**

As a courtesy to other clients, I understand that if I need to cancel a scheduled session, I will make every effort to notify THE PILATES PLACE LLC at least 24 hours in advance. Late or same day cancellations will be charged to class card or package.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

**RELEASE:**

I hereby certify that I am voluntarily participating in a physical conditioning and corrective exercise program with THE PILATES PLACE LLC. I hereby affirm that I have my physician’s approval, I am in good physical condition, and I do not suffer from any disability that would limit or prevent my participation in this program. After having had the opportunity to inquire in detail regarding all aspects of the program and to have had all questions with regard to the program satisfactorily answered, including any physiological and/or psychological changes which can occur, I certify that I understand the potential risks of the program.

I agree to release from all liability and to indemnify THE PILATES PLACE LLC, its officers, employees and all representatives from and against all claims, actions, judgments, costs, expenses, and demands with respect to injury, loss, death or damage to my person or property in connection with my taking part in the above-stated program. It is understood and agreed that this agreement is to be binding on myself, my heirs, executors, administrators and assigns.

I certify that I have read and understood the above. Intending to be legally bound, I hereby make this agreement on \_\_\_\_\_ (date).

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE  
(UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release, as provided above, of all the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child’s involvement or participation in these programs as provided above, even if arising from their negligence, to the fullest extent permitted by law.

\_\_\_\_\_  
Parent/Guardian Signature Date