

Rejuvenate Massage Therapy & Pilates Studio ~ Pilates Registration Form

Name: _____ DATE: _____
Address: _____
Home Ph _____ Work _____ Cell _____
E -mail Address: _____ DOB: _____
Who referred you? _____ Occupation: _____
Have you had any previous training in Pilates? Y/N When/Where _____
What are your goals? _____
Medications: _____

Brief description of any physical conditions, injuries, surgeries or limitations of which the Pilates instructor should be aware:

PLEASE CHECK ALL THAT APPLY:

- | | |
|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Chest Pain during Exertion |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Physical Inactivity |
| <input type="checkbox"/> Phlebitis | <input type="checkbox"/> Back Pain |
| <input type="checkbox"/> Pulmonary Disease | <input type="checkbox"/> Knee Pain |
| <input type="checkbox"/> Scoliosis | <input type="checkbox"/> Hip/Leg/Foot Pain |
| <input type="checkbox"/> Osteoporosis/Osteopenia | <input type="checkbox"/> Orthopedic Problem |
| <input type="checkbox"/> Shortness of Breath/Fainting | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Seizures/Epileptic | <input type="checkbox"/> Recent Hospitalization/Surgery |

* REGISTRATION FORM MUST BE COMPLETED & FEES PAID BEFORE ENTERING CLASS

* NO REFUNDS EXCEPT FOR LONG-TERM ILLNESS, INJURY OR RELOCATION.

* ALL PACKAGES EXPIRE 8 WEEKS AFTER 1ST SESSION, UNLESS BY WRITTEN CONTRACT.

**ALL NEW PILATES CLIENTS MUST HAVE AN INITIAL ASSESSMENT WITH THE PILATES INSTRUCTOR PRIOR TO BEGINNING ANY PILATES SESSION. THE ASSESSMENT FEE IS \$55. DATE _____
INSTRUCTOR _____**

Cancellation & Refund Policy: I understand that if I must cancel a scheduled appointment, I must notify Rejuvenate Massage Therapy & Pilates Studio 24 hours in advance or I will be held responsible for payment in full &/or that the missed appointment will be considered as a session toward my package. A \$25 fee will be charged for all returned checks.

Waiver of Liability

I am enrolling in a Pilates exercise program. I am aware that Pilates training may place stress on the body & carries possible risk of physical injury. I assume that risk and agree that Rejuvenate Massage Therapy & Pilates Studio, its instructor's & employee's shall not be liable in any way for injuries sustained, caused by, or arising from, any activities during classes or sessions, or any activities related there to, at the Rejuvenate Massage Therapy & Pilates Studio & property. Furthermore, I grant Rejuvenate Massage Therapy & Pilates Studio & its employee's permission to authorize emergency medical treatment that may be required for me. I stipulate that I currently have medical and/or accident insurance in force with (list insurance company / provider name): _____

Emergency Contact: _____ Phone: _____

I understand that a medical evaluation is recommended before starting any exercise program. I will inform instructors & staff on Rejuvenate Massage Therapy & Pilates Studio of any physical condition or disability that could limit my participation in any exercise. I understand that Rejuvenate Massage Therapy & Pilates Studio & its employees are not engaged in diagnosing or treating disease or disabilities. I understand that I should not bring or wear valuables to class, and I understand that Rejuvenate Massage Therapy & Pilates Studio & its employees are not responsible for articles lost, stolen or damaged on its property. I, the undersigned, have read this release/authorization and understand all of its terms. I execute it voluntarily & with knowledge of its significance.

Signature: _____ Date: _____