



SOMA MOVEMENT STUDIO

112 South Main St
Unionville CT 06085
Telephone: (860) 470-MOVE

Fax: (860) 673-7605
Email: info@somamovementstudio.com
Web: www.somamovementstudio.com

REGISTRATION FORM

NAME: _____ DATE: _____ DATE OF BIRTH: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS (REQUIRED FOR REGISTRATION): _____

OCCUPATION: _____ STUDENT: _____

IF MINOR, NAME OF PARENT OR LEGAL GUARDIAN: _____

In case of emergency, please list someone that SOMA can contact. SOMA may have to discuss your personal information.

EMERGENCY CONTACT NAME: _____ RELATIONSHIP: _____

EMERGENCY CONTACT PHONE: _____

HOW DID YOU HEAR ABOUT US? _____

HEALTH INFORMATION:

Are there any physical problems that should be taken into consideration for your exercise program? This includes surgeries, issues with blood pressure (high or low), and previous injuries. Do you have an allergy to latex?

What are your fitness goals?

Signature: _____ Date: _____

Print Name: _____

SOMA Movement Studio

ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

I understand that I, _____ will be participating in a fitness program through SOMA Movement Studio that will require physical exertion. Although the most common injuries or symptoms associated with exercise involve sprains, strains, dizziness, fainting and/or discomfort in breathing, I recognize that there is a risk of serious injury (and in extreme cases, death) associated with any fitness program.

Consequently, I am being advised by SOMA Movement Studio to obtain the approval of my doctor before beginning a fitness program through SOMA Movement Studio, and have had the opportunity to do so. Before beginning this program, I also was asked by a representative of SOMA Movement Studio whether I have any physical or mental limitations, or whether I am taking any medications or receiving any medical treatment that might make it unsafe for me to participate in this fitness program. There is no such limitation, medication or medical treatment other than those that I have written on the attached sheet.

I understand that, by signing this statement, I am agreeing not to hold SOMA Movement Studio or any of its representatives responsible for any bodily injury or property damage that I may suffer as a result of my participation in this fitness program. As such, I understand and agree that SOMA Movement Studio shall not be liable for any bodily injury or property damage that may result either directly or indirectly from my participation in a fitness program through SOMA Movement Studio.

Signature: _____ Date: _____

Print Name: _____

CANCELLATION / NO-SHOW POLICY

We strive to provide not simply good, but absolutely the best care to our clients. We schedule our clients according to care plans that optimize their fitness goals. Making your appointment as scheduled is very important, not just for us, but for you. We are convinced that if you make your wellness a life priority, you will achieve not only a higher level of function, but a greater degree of happiness.

We have the most highly trained and experienced trainers in the region. You are working with the best. Their services and time are in high demand. We attempt to schedule all new clients within 24-48 hours of their initial request for service. Thus, the appointment time is a valuable commodity for both you and us.

If it is necessary to cancel a scheduled session, please call the office at (860) 470-MOVE (6683) at least 24 hours in advance. If you call within 24 hours or less from the scheduled time or you do not show for your fitness session, you will be charged for that visit. The missed session will be deducted from any package you have on account at the package price. If you pay individually, the single price for the missed session will be added to the payment of your next session.

While we are not fond of the negative connotation of any cancellation policy, we believe such a policy is in the best interest of accommodating all of our clients who are dedicated to improving their wellbeing. Thank you for your consideration. By signing below, I understand and accept the above cancellation / no-show policy. I have read the above cancellation policy and agree to pay for any appointments cancelled less than 24 hours in advance.

Signature: _____ Date: _____

Print Name: _____



SOMA Movement Studio at
Farmington Valley Physical Therapy
112 South Main St
Unionville CT 06085
Clinic Ph: (860) 673-0223
Studio Ph: (860) 470-6683