



Centered Studio Pilates

Name (First & Last):

Full Mailing Address:

Cell Phone:

Home Phone:

Work Phone:

Email Address:

Date of Birth:

Occupation:

Sex:

How did you hear about Centered Studio Pilates?

Emergency Contact:

Relationship:

Phone:

Have you done Pilates before? Where, when, and what type (i.e. mat, equipment)?

Do you exercise? What is your workout routine?

What are your goals and/or what do you hope to achieve with Pilates?

Please circle any of the following conditions that you have:

Osteoporosis/Osteopenia	Herniated/Slipped/Bulging Disc	Scoliosis	SI Joint Dysfunction
Osteoarthritis	Rheumatoid Arthritis	Pregnant or Postpartum	Cancer
Fibromyalgia	Patello-Femoral Syndrome	Fainting/Dizziness	TMJ
Knee Replacement	Hip Replacement	Carpal Tunnel Syndrome	Heart Problems
Spinal Fusion	Anterolisthesis/Spondylolisthesis	Facet Joint Syndrome	Spinal Stenosis
Meniscus Tear	Degenerative Disc Disease	Plantar Faciitis	Sciatica/Back Pain
Shoulder Impingement	Thoracic Outlet Syndrome	Tennis or Golfer's Elbow	Auto-Immune Disorder
Numbness/Tingling	Laminectomy	Diabetes	Sprain/Strain

Any other medical conditions, areas of pain, injuries, and/or surgeries not listed above:

Any other information you feel is relevant:

INFORMED CONSENT DOCUMENT AND LIABILITY RELEASE

Risks: There are certain inherent risks, both foreseeable and unpredictable associated with any exercise program. If during any time you feel discomfort or pain, please let your instructor know so she/he may be able to modify the exercise. Your instructor will take every precaution to ensure that you are protected from any potentially hazardous situation. You will never be forced to perform any procedure which you do not wish to perform. You will be able to stop an exercise if you feel any discomfort or pain.

Liability Release: I knowingly and freely assume all such risks, both known and unknown and assume full responsibility for my participation. I fully agree for myself and heirs, to hereby fully and forever discharge and release Marylinn Wheatley-Powers, Centered Studio Pilates, their officers, members, officials, agents, independent contractors, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event from any and all liability, all claims and demands, actions and causes of action whatsoever arising out of any damages, costs, loss of services, expenses and all claims whatsoever, whether caused by their negligence or for any other reason, on account of, or in any way resulting from personal injuries, conscious suffering, death or property damages to myself or to any other person or property, in any way connected with my preparation for or participation in the activities.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

_____	_____	_____
Client Signature	Client Printed Name	Date
_____	_____	_____
Parent's Signature if under 18	Parent Printed Name	Date

STUDIO POLICIES

All sessions have a 24 hour cancellation policy. Cancellations without 24 hours notice will be charged the full amount.

Clients are required to complete three 55 minute Private Sessions to participate in Pilates classes.

Advance registration is required for all sessions.

Sessions start as scheduled. Please be on-time. If you are more than 10 minutes late, you may forfeit your session.

Purchases are non-transferable and non-refundable. Payment is due at time of service. Returned check fee is \$25.

Please be courteous by refraining from loud conversations or making phone calls in the studio.

All classes have a minimum attendance requirement of 2 clients. If you are registered for a class that does not meet the minimum you will be notified, and you may use the time for a private session at the private package rate.

Packages expire 60 days from date of first use unless otherwise specified.

Please clean all equipment, including props, used during class so it is ready for the next class.

Please avoid wearing strong perfumes or scented products as others may be allergic.

Take care of yourself and others by not coming to class if you are ill.

Inform your instructor of any injuries, medical conditions or changes in your health. Persons with serious medical issues may not be eligible for group classes, and instructor may require written doctor's approval.

I have read, understand, and accept all studio policies.

_____	_____	_____
Client Signature	Client Printed Name	Date
_____	_____	_____
Parent's Signature if under 18	Parent Printed Name	Date