

<b>For Office Use Only</b>	<b>Date:</b> _____
<input type="checkbox"/> Cpn <input type="checkbox"/> LS <input type="checkbox"/> KD <input type="checkbox"/> Tax Paid	<input type="checkbox"/> Group <input type="checkbox"/> Duet <input type="checkbox"/> Private <input type="checkbox"/> Reformer
<input type="checkbox"/> Intro - Session: _____	<input type="checkbox"/> MB <input type="checkbox"/> CC <input type="checkbox"/> SA 7/8 <input type="checkbox"/>

## Client Information Form

**Welcome to Pilates Space! Please answer questions fully & accurately to ensure you receive optimal instruction. Please indicate conditions you are experiencing or have experienced. This file is kept strictly confidential.**

\_\_\_\_\_ Date \_\_\_\_\_ Date of Birth

\_\_\_\_\_ Last Name      \_\_\_\_\_ First Name      \_\_\_\_\_ Cell Phone

\_\_\_\_\_ Home Address      \_\_\_\_\_ Home Phone

\_\_\_\_\_ City      \_\_\_\_\_ Province      \_\_\_\_\_ Postal Code      \_\_\_\_\_ Work Phone

\_\_\_\_\_ Company      \_\_\_\_\_ Occupation / Title      \_\_\_\_\_ Email Address

Do you wish to receive email notifications? \_\_\_\_ Yes  
 How did you hear about the Pilates Space? \_\_\_\_\_  
 If applicable, include name or therapist who referred you. \_\_\_\_\_

Specify number: vaginal deliveries \_\_\_\_\_ c-sections \_\_\_\_\_ Do you smoke? \_\_\_\_\_

Please indicate any health issues:  
 \_\_\_\_\_ whiplash      \_\_\_\_\_ arthritis      \_\_\_\_\_ asthma      \_\_\_\_\_ scoliosis  
 \_\_\_\_\_ osteoporosis      \_\_\_\_\_ herniated disc      \_\_\_\_\_ fibromyalgia      \_\_\_\_\_ seizures  
 \_\_\_\_\_ sciatica      \_\_\_\_\_ diabetes      \_\_\_\_\_ low/high blood pressure      Other: \_\_\_\_\_

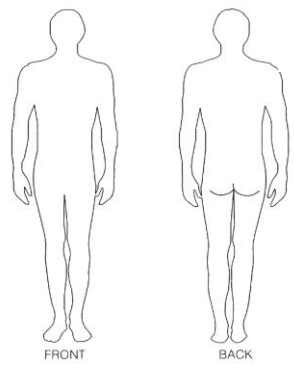
Please list any major accidents or operations. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you following a low calorie eating program? Please specify. \_\_\_\_\_

What are your hobbies and activities? What other types of exercises do you routinely participate in?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you had any past training in Pilates? If so, where and for how long? \_\_\_\_\_

What are your goals for participating in our program?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



Please mark any areas of discomfort..

Turn over >

## Informed Consent Form for Participation

Name \_\_\_\_\_

I am accepting to participate in the Pilates program conducted by the *Pilates Space*. The Pilates program of body conditioning includes muscle strengthening, endurance and flexibility work. The possible benefits of this program include: improved muscle strength, endurance, flexibility, body posture and alignment.

I know that I have the right to choose what exercise I do or do not perform. I can also withdraw from any exercise at any time. Every effort will be made to minimize injury through supervision during every exercise. To my knowledge, I do not have any limiting physical condition or disability that would prevent my participation in such an exercise program. I will keep the *Pilates Space* informed of any medical problems and/or physical injuries that occur, which may be aggravated through the program or which may render me unfit or unsuitable to participate in the program. I also understand that a physician's examination is recommended prior to involvement in any new fitness program.

I understand that the *Pilates Space* assumes no responsibility for any loss or damage to any personal property on the premises at which the program is conducted. I waive any possibility of personal damage which may be blamed on such a program in the future and accept responsibility for requesting the exercise program and assistance provided by the *Pilates Space*.

Cancellation Policy: The *Pilates Space* enforces a 24-hour cancellation policy for Private, Duet and Reformer Classes. If proper notice is not given, full payment is due.

Please initial \_\_\_\_\_

Duet Classes: I understand that if one person cancels within 24 hours, the partner must also cancel the class or choose to attend and pay for a Private Class at a rate of \$70.

Please initial \_\_\_\_\_

I understand that all prepaid packages have an expiration date, are non-transferable and non-refundable. I understand that there will be a \$25 fee for NSF cheques.

Please initial \_\_\_\_\_

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date