



Date _____

How were you referred to us? (please circle)

Internet: Yelp Google Twitter Instagram LinkedIn Facebook Neighborhood Alliance CircleC Event	
Advertisement: Flyer Business Card Street Sign/Drive By	
Another Client (please specify):	Workplace (please specify):
Special Event (please specify):	Other (please specify):

Your information will never be shared or used for any purpose other than programming or to contact you regarding Studio business.

Name _____ Cell Phone _____

Work Phone _____ Home Phone _____

E-Mail Address _____

Address _____

City _____ State _____ Zip _____

Birth date ___/___/___ = Age _____ Ht. _____ Wt. _____ Occupation _____

Emergency Contact:

Name _____ Relationship _____ Emergency Phone _____

	YES	NO
1. Has your doctor ever said you have a heart condition and that you should only perform physical activity recommended by a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you feel pain in your chest when you perform physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
In the past month, have you had chest pain when you were not performing any physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you lose your balance because of dizziness or do you ever lose consciousness?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have a bone or joint problem that could be made worse by a change in your physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is your doctor currently prescribing you any medication for blood pressure or a heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you know of any other reason why you should not engage in physical activity?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "Yes" to one or more of the above questions, consult your physician before engaging in physical activity. Tell your physician those questions to which you answered "Yes." After a medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition.

Health History:

YES NO

1. Have you ever had any musculoskeletal pain, injury or surgery?
(Disc Problems, Arthritis, Tendonitis, Bursitis, Impingement, Joint Replacement etc.)
(If yes, please explain) Include: sports, auto, and work Injuries

2. Any surgeries or accidents? (If yes, please explain)

3. Has a doctor ever diagnosed you with a chronic disease such as: Coronary heart disease, Emphysema, Cystic Fibrosis, Osteoporosis/Osteopenia, Fibromyalgia, Chronic Fatigue, MS, Hypertension, Diabetes, Thyroid Disease, or High Cholesterol? (If yes, please explain)

4. Asthma (Do you carry an inhaler with you?)

5. Are you taking any medication? Including HRT, Fertility etc.
(If yes, please explain)

6. Pre/Post Natal? C-Section(s)? How far along / ago? Please explain.
(Dr. release will be needed if pregnant)

7. Allergies (If yes, please list)

8. Scoliosis - Type of curvature?

9. Smoker - Packs/Day:

10. Cancer
Type: Active or Remission: If Remission, how long:

11. Is there any other condition that we may need to be aware of to safely engage you in an exercise program?

Please list your primary reason for visiting: _____

From the options below; please mark additional fitness goals:

- | | | |
|---|--|---|
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Abdominal/Lower Back Strength | <input type="checkbox"/> Stress Reduction |
| <input type="checkbox"/> Increase Flexibility | <input type="checkbox"/> Energy Gain | <input type="checkbox"/> Injury Recovery |
| <input type="checkbox"/> Weight Loss | <input type="checkbox"/> Gain Strength | <input type="checkbox"/> Improve Posture |

Other _____

Do you currently workout on a regular basis? Yes No

If yes, please describe your current workout program and the frequency:

Has any exercise program had any positive or negative effects on your body?
(If yes, please explain) _____

Recreation/Hobbies:

Do you partake in any recreational activities? (If yes, please list)

- | | | | |
|--|---|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Yoga | <input type="checkbox"/> Group Exercise | <input type="checkbox"/> Golf | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Martial Arts/Boxing | <input type="checkbox"/> Basketball | <input type="checkbox"/> Cycling | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Pilates | <input type="checkbox"/> Skiing | <input type="checkbox"/> Dance |

What type of program are you interested in at Pilates South Austin?

- | | | |
|---|--|---|
| <input type="checkbox"/> Privates & Mat Classes | <input type="checkbox"/> Privates Only | <input type="checkbox"/> Group Reformer Classes |
| <input type="checkbox"/> Semi Privates | <input type="checkbox"/> Mat Only | <input type="checkbox"/> Other Group Classes |

I am aware that Pilates South Austin is here to serve me by sharing knowledge of Pilates and health. I understand that the practice of Pilates involves physical movement and exercise which may from time to time be strenuous and that such practice carries some risk of injury. I also understand that I must judge my own capabilities with respect to practicing Pilates at PSA. By my participating in classes or activities at PSA, I agree to take full responsibility for not exceeding my limits in the practice of Pilates, for selecting the appropriate level of classes taught at PSA, and for any injury I might suffer in the practice of Pilates. I acknowledge that it is my responsibility to inform the instructor immediately if an injury occurs during class. I understand that from time to time during classes at PSA instructors may physically adjust students' form. If I do not want such physical adjustments, I will so inform the instructor at each class I attend. I also acknowledge that if I do not wish to receive physical adjustments it is my responsibility to inform the instructor when an adjustment has gone as far as I desire at that time. I hereby waive and release any claim that I might have at any time for injury of any sort sustained on the premises, whether or not sustained during the practice of Pilates, against PSA or any person or entity in any way involved therewith, including without limitations its principals, instructors, employees, agents and representatives.

I have read, fully understand and agree to the above. Date _____ Signature _____

If under 18 years of age:

As legal guardian of _____ we consent to the above conditions _____

(Signature)

(Continued on back page)

Pilates South Austin - Studio Policies - *Please Read, Initial & Sign*

_____ I understand Pilates South Austin enforces a 24-hour cancellation policy. If I do not cancel my scheduled appointment or class 24 hours in advance I will be charged in full. \$5 will be charged to your credit card on file for No-Shows or Late Cancels of any client in an Unlimited Series.

_____ I understand all classes and sessions must be paid for upon booking and expire within 6 months. (30-Day Packages expire 30 days from first visit) All purchases are non-refundable and non-transferable. If there are unpaid sessions in my account, I will be notified and my credit card will be charged immediately.

_____ I understand that I must receive PSA instructor and/or studio approval before taking any Group Reformer classes and before advancing to a higher-level class.

- First sessions will be secured with a credit card and C/C information will be kept on file.
- All sessions are 55 minutes long. Da Vinci BodyBoard Classes are 25 minutes long.
- Sessions begins at the appointment start time, not at time of arrival.
- No cell phones, pets, or children in studio (children are allowed while attending children's classes).
- Insurance billing is not available – receipts only.
- Keep perfumes and fragrances to a minimum for the comfort of all our clients.
- Sessions are non-transferable and non-refundable.
- Studio reserves the right to assign substitute teachers for all classes and sessions.
- Private and semi-private series are not interchangeable.
- If your semi-private partner late cancels (does not give 24 hours notice of cancellation) you will not be charged for a private session. If your partner cancels before 24 hours of appointment you may pay the difference toward a private session if you choose or cancel with no penalty.
- Sign in is required at time of session and/or class.
- Please notify us of any changes in your health / medical condition.
- Appropriate attire must be worn. (Due to the nature of a full-body Pilates workout, yoga pants, bike shorts, or sweats with undergarments are required). Clean socks are optional to use on equipment (toe socks are available for purchase).
- Water is acceptable in Studio as needed. No eating on equipment or in studio.
- We are a Teacher Training facility and our students may observe instructors teaching.
- If you are the only person signed up for a Group Reformer Class we will hold class on the Reformer. You also have the option to upgrade to a private session to include the other apparatus by deducting two classes from your package.
- If no one is signed up for Group Reformer or Group Classes an hour before class starts the instructor has the option of cancelling the class.

I have carefully read, fully understand, and agree to the above.

Date _____ **Signature** _____

- For Studio Use Only -