



Date _____

How were you referred to us? (please circle)

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

Your info will never be shared or used for any purpose other than 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 _____ Phone # _____

HEALTH HISTORY

	YES	NO
Has a doctor ever said you have a heart condition & should only perform recommended physical activity?		
Do you feel pain in your chest when you perform physical activity?		
In the past month, have you had chest pain when you were not performing any physical activity?		
Do you lose your balance because of dizziness or do you ever lose consciousness?		
Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
Is your doctor currently prescribing you any medication for blood pressure or a heart condition?		
Do you know of any other reason why you should not engage in physical activity?		

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

Check off the boxes for all that apply to you now or in the past and please provide details.

Have you been diagnosed with any of the following Chronic Diseases?

Heart Disease	Osteoporosis	Fibromyalgia	Hypertension	Cystic Fibrosis
Emphysema	Osteopenia	Chronic Fatigue	Diabetes	Thyroid Disease
M.S.	High Cholesterol	Other (please list):		

Please provide details of conditions above:

Have you ever had any musculoskeletal pain, injury or surgery?

Disc Problems	Arthritis	Tendonitis	Bursitis	Impingement
Joint Replacement	Other (please list):			

Please provide details of conditions above (include sports, auto and work injuries):

For the following please circle YES or NO and provide details.

Recent Surgeries	YES	NO	If yes, please explain:			
Asthma	YES	NO	If yes, do you carry an inhaler?			
Scoliosis	YES	NO	If yes, type of curvature?			
Allergies	YES	NO	If yes, please list:			
Pre-Natal	YES	NO	If yes, how far along?			
Post-Natal	YES	NO	If yes, how long ago?	C-Section	YES	NO
Smoker	YES	NO	If yes, how many packs per day?			
Cancer	YES	NO	If yes, type(s):			
			If yes, Active or Remission?		If Remission, how long?	

Please list any medications you are currently taking:

Are there any other conditions we may need to be aware of to safely engage you in an exercise program?

What are your fitness goals? *(Please check all that apply)*

Ab/Low Back Strength		Back Pain		Energy Gain		Flexibility		Gain Strength	
Improve Posture		Injury Recovery		Lose Weight		Stress Reduction			

Other (please list):

From the options above, please list your primary reason for visiting:

Do you currently workout on a regular basis?	YES	NO	
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If yes, please describe current workout program and frequency:

Has any exercise program had any positive or negative effects on your body? Please explain:

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)

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 permitted 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 —

- | | | | |
|------------------------------------------|--------------------------------------------|----------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Initial Private | <input type="checkbox"/> Open Mat | <input type="checkbox"/> GR Essentials | <input type="checkbox"/> Teacher/Military/Student |
| <input type="checkbox"/> Semi-Private | <input type="checkbox"/> DaVinci BodyBoard | <input type="checkbox"/> GR Level 1 | <input type="checkbox"/> Trade |
| <input type="checkbox"/> Instructor | <input type="checkbox"/> Barre | <input type="checkbox"/> GR Level 2 | <input type="checkbox"/> Teacher Trainer |