



Date \_\_\_\_\_

**How were you referred to us?** (please circle)

<b>Internet:</b>	Yelp	Google	Facebook	YellowPages.com	Groupon	Stubdog	Social Buy	Living Social	Gymbr
<b>Advertisement:</b>	Entertainment Book		KCRW		Flyer/Brochure		Street Sign/Drive By		
<b>Another Client</b> (please specify):					<b>Workplace</b> (please specify):				
<b>Special Event</b> (please specify):					<b>Other</b> (please specify):				

**Your information will never be shared or used for any other 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** \_\_\_\_\_ **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?		
2. 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?		
3. Do you lose your balance because of dizziness or do you ever lose consciousness?		
4. Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
5. Is your doctor currently prescribing you any medication for blood pressure or a heart condition?		
6. 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, 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.***

**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

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2. Recent surgeries? *(If yes, please explain)*

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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)*

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

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5. Are you taking any medication? Including HRT, Fertility etc.

*(If yes, please explain)*

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6. Pre Natal / Post Natal? C-Section(s)? How far along / ago? Please explain.

(Dr. release will be needed if pregnant)

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7. Allergies *(If yes, please list)*

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8. Scoliosis - Type of curvature

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9. Smoker - Packs/Day:

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10. Cancer-

Type:

Active or Remission:

If Remission, how long:

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

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

**Please mark additional fitness goals:**

Back Pain	Abdominal/Lower Back Strength	Stress Reduction
Increase Flexibility	Energy Gain	Injury Recovery
Weight Loss	Gain Strength	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)**

Yoga	Group Exercise	Golf	Swimming
Martial Arts/Boxing	Basketball	Cycling	Volleyball
Tennis	Pilates	Skiing	Dance

**What type of program are you interested in at Pilates Studio City?**

Privates	Mat Classes	Group Equipment Classes
Semi Privates	Specialty Classes	

I am aware that Pilates Studio City 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 PSC. By my participating in classes or activities at PSC, 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 PSC, 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 PSC 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 PSC 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 Studio City - Studio Policies

### *Please Read, Initial & Sign*

\_\_\_\_\_ I understand Pilates Studio City 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.

\_\_\_\_\_ I understand all classes and sessions must be paid for upon booking and expire **within 6 months** (30 Day Packages good for 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 PSC instructor and/or studio approval before taking any group classes and before advancing to a higher level class.

- First session to be secured with a credit card and will be kept on file
- All sessions are approximately 55 minutes long
- The hour begins at the appointment time, not at time of arrival
- No cell phones, pagers, pets or children in studio (children are allowed while attending children's classes)
- Insurance billing is not available – receipts only
- Please arrive perfume and fragrance free
- Sessions are non-transferable or refundable
- Studio reserves the right to assign substitute teacher
- Private and semi-private series are not interchangeable
- If your semi-private partner late cancels (does not give 24 hours notice of cancellation), your session will become a private at no additional charge. If your partner cancels before 24 hours of appointment you have the option of doing a 1/2 hour session or paying \$20 to upgrade to a full 55 minute session.
- No open studio policy – no use of machines unattended
- 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; dance pants, bike shorts, or sweats with undergarments are recommended)
- Clean socks are mandatory to use equipment (socks are available to buy)
- Water is acceptable in Studio as needed. No eating on equipment.

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

**Date \_\_\_\_\_ Signature \_\_\_\_\_**

#### - For Studio Use Only -

- |                                       |                                      |  |                                  |   |  |                               |
|---------------------------------------|--------------------------------------|--|----------------------------------|---|--|-------------------------------|
| <input type="checkbox"/> IP           | <input type="checkbox"/> Mat 1       | <input type="checkbox"/> Mat 2           | <input type="checkbox"/> Mat 3   | <input type="checkbox"/> GR 1           | <input type="checkbox"/> GR 2            | <input type="checkbox"/> GR 3 |
| <input type="checkbox"/> Semi-Private | <input type="checkbox"/> Instructor  | <input type="checkbox"/> Teacher Trainer | <input type="checkbox"/> Renter  | <input type="checkbox"/> Student Renter | <input type="checkbox"/> Rental Client   |                               |
| <input type="checkbox"/> Gyrotonic    | <input type="checkbox"/> Gyrokinesis | <input type="checkbox"/> Springboard     | <input type="checkbox"/> Yoga    | <input type="checkbox"/> Burn           | <input type="checkbox"/> Fusion          |                               |
| <input type="checkbox"/> Zumba        | <input type="checkbox"/> Nia         | <input type="checkbox"/> Tango           | <input type="checkbox"/> Stretch | <input type="checkbox"/> Trade          | <input type="checkbox"/> Dancer/Industry |                               |
| <input type="checkbox"/> Intro GR     |                                      |  |                                  |   |  |                               |