

ema

Personal Information:

Name: _____ DOB: ___ / ___ / ___

Address: _____

City: _____ Post Code: _____

Phone: _____

Emergency Contact Person: _____

Emergency Ph: _____ Relationship to contact: _____

Liability Waiver:

I, the undersigned, being aware of my own health and physical condition, and having knowledge that my participation in any exercise program may be injurious to my health, am voluntarily participating in a physical activity.

Having such knowledge, I hereby acknowledge this release, any representatives, agents, and successors from liability for accidental injury or illness which I may incur as a result of participating in the said physical activity. I hereby assume all risks connected therewith and consent to participate in said program.

I agree to disclose any physical limitations, disabilities, ailments, or impairments which may affect my ability to participate in said fitness program.

Signature: _____ Date: ___ / ___ / ___

1. What are your health and fitness goals?
2. What is your Pilates experience, if any?
3. Please describe your work and your hobbies?
4. Please list any regular body work you receive. i.e. Chiropractic, Massage, etc
5. Have you had surgery in the past 2 years? If yes, please explain.
6. Do you have a history of any of the following: (Circle all that apply)

Fainting Heart Attack Stroke Spinal Injury Head Injury

Seizures Allergies Headaches/ Migraines Back/ Neck Pain

7. Current Medical/ Physical Conditions (Circle all that apply)

Back Trouble Neck Trouble Shoulder/ Rotator Cuff Problems Knee Problems

Hip Issues Joint issues Asthma Glaucoma Hyper-Hypotension

Diabetes High Anxiety Smoke Bleeding/Clotting Disorder
Scoliosis

Pregnant Breastfeeding Dizziness during exercise

8. Other medical concerns? Please specify:

9. Have you been released to exercise by a physician? Yes No

Client signature _____ Date _____

Instructor signature _____ Date _____

Email address: