

Basic Information

Name: _____
Address: _____
Cell Phone: _____ Work or Home Phone: _____
Email: _____
Emergency Contact: _____
Relationship: _____
Phone#: _____
Occupation: _____
Your Kids: _____
Names: _____ Ages: _____
What are your hobbies? _____
Where would we most likely find you on the weekend? _____
How did you hear about us? _____

Exercise History:

Physical Fitness level as of today: _____
Previous sports or dance background: _____
Current exercise or sports: _____
How many times per week: _____

Injury History:

Previous injuries: _____
Ongoing injuries or conditions: _____
Under a doctor's treatment plan: _____

Pilates Experience (Optional)

Have you ever done Pilates before ? _____
Classes or individual sessions ? _____

Exercise Goals:

Strength: _____
Flexibility: _____
Injury management: _____
Other: _____

Health Information

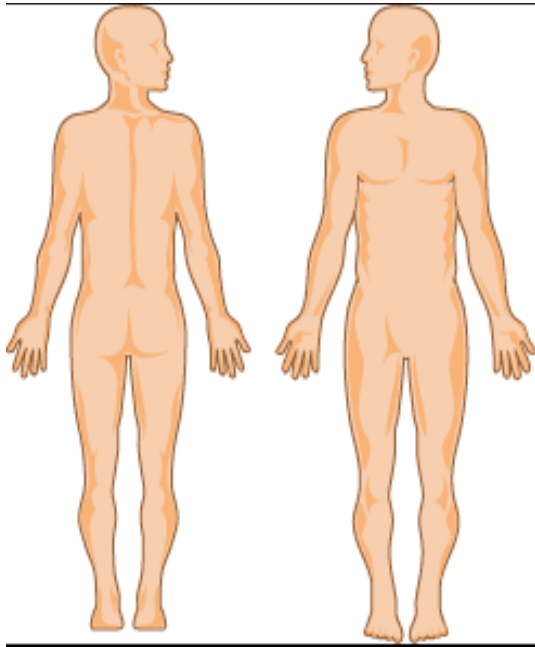
**Please circle all that apply.*

Health History: (please circle one)

Heart and circulatory conditions (high blood pressure, other heart or circulatory)	YES	NO
Skeletal, muscular, and joint conditions (strains, sprains, fractures, scoliosis, osteoporosis, arthritis, other joint or muscular conditions)?	YES	NO
Lung conditions (asthma or other)?	YES	NO
Blood or hormonal (diabetes, menopausal, other blood or hormonal)?	YES	NO
Are you pregnant or trying to get pregnant?	YES	NO
Are you currently on any medication or under a doctors care?	YES	NO
Do you suffer from or have a history with any of the following: allergies, hypoglycemia, cancer, high cholesterol, epilepsy, or thyroid condition?	YES	NO
Other condition not listed?	YES	NO

IF YOU HAVE ANSWERED YES TO ANY OF THE QUESTIONS PLEASE SPECIFY ON THE BACK OF THIS FORM

Please circle any trouble areas: and describe in space provides :



Release of Liability

In consideration for being allowed to participate in the activities and programs of Centered Body Glen Park, to use equipment and machinery in addition to the payment of any fees or charges, I do hereby waive, release, and forever discharge Centered Body Glen Park, Avenne McBride, and/or their trainers, instructors, officers, agents and all others from any and all responsibilities or liability from injuries or damages resulting from my participation in the above mentioned activities.

Initial_____

I understand and am aware that exercise is a potentially hazardous activity. I also understand that fitness activities involve risk of injury and even death, and I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved I expressly assume and accept all risks.

Initial_____

We recommend you consult with a physician before starting this or any exercise program. If you experience any pain or discomfort during the course of the exercise program, stop exercising immediately and seek medical attention.

Initial_____

Centered Body Glen Park has a 24 hour cancellation policy. If you need to cancel or reschedule a session with less than 24 hours notice or miss the appointment that you have scheduled, you will be charged the full rate. All group, semi-private and private session packages are good for 90 days from the date of purchase unless otherwise stated. No refunds.

Initial_____

I have read the above activity waiver and policies and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Name

Signature

Date