AZURE PILATES AND YOGA STUDIO
CLIENT INFORMATION

Personal Information

Name____ Date_____/_____/___________________

How did you hear about us? _________________________ Email____

Local Address_______________________________________City___________________State_____ Zip_________

Home Phone (_____)_________________ Cell Phone (_____)_________________ Work (_____)_________________

Permanent Address__________________________________City____________________State_____Zip__________

Age_____ Gender_________________ DOB_____/_____/_____ Height__________ Weight_____________________________

Emergency Contact____________________________ Relationship_________________ Phone (_____)_________________________

Health History

Physician's Name______________________________________ Phone (_____)____

Date of last medical exam? _____/_____/_____ Were the results normal? _____Yes _____No __________________________________

Do you have doctor's clearance to exercise?_____Yes _____No Do you take any medications?_____Yes __________________No__

If yes, please list medication(s) and reason(s) for taking:____

Are you currently involved in a regular exercise program?_____Yes _____No ____

If yes, please list activity, duration, frequency and intensity:____

Have you tried Pilates before?_____Yes _____No ____

If yes, where and what type of session (ex: group mat class, private equipmt training): ____

____

Studio Policies

Session Payment: I understand that all sessions must be paid in advance in order to hold my place in a scheduled class, semi-private, or private session. __________

5 Minute Policy: I understand that all classes begin at the top of the hour. If I am more than 5 (five) minutes late to arriving for class, I understand that the instructor has the right to revoke my participation in class for the safety of others and myself participating in class. __________

Refund Policy: I understand that upon payment of a single session or series package of classes, no refund will be granted if I choose not to use pre-paid classes. __________

Expiration Policy: I understand that all sessions that I purchase expire 6 (six) months from the date of purchase. Extension of expiration date on purchased sessions may be granted at the approval of studio owner. __________________

Medical History

_____ Heart Attack, Coronary bypass,
_____ Cardiac Surgery
_____ Diabetes
_____ Stroke
_____ Peripheral vascular disease
_____ Phlebitis, emboli
_____ Rheumatic fever
_____ High blood pressure
_____ Low blood pressure
_____ Chest discomfort
_____ Extra, skipped or rapid heart beats
_____ Heart murmurs
_____ Ankle swelling
_____ Fatigue, lack of energy
_____ Cold hands or feet
_____ Arthritis
_____ Foot problems
_____ Ulcers
_____ Back problems
_____Neck problems
_____Shoulder problems

_____ Pneumonia
_____ Swollen, stiff or painful joints
_____ Stomach or intestinal problems
_____ Migraine or recurrent headaches
_____ Hernia
_____ Bursitis
_____ Limited range of motion in joints
_____ lightheadedness or fainting
_____ Unusual shortness of breath
_____ Epilepsy, seizures
_____ Emotional disorders
_____ Trouble sleeeping
_____ Increased anxiety or depression
_____ Chronic recurrent cough
_____ Bronchitis
_____ Broken bones
_____ Knee problems
_____ Anemia
_____Asthma

If you checked any of the above, please provide details ____
____
Please describe any other physical limitations you have that may affect your Pilates exercise program_________________________
____

Legal Waiver of Liability

I, _________________________, have enrolled in a program of strenuous physical activity which may include, but is not limited to, yoga, Pilates, Gyrotonic, aquatic exercise, weight training, cardiovascular activity of various forms, the use of various conditioning equipment, and/or trainer assisted stretching provided by fitness trainers/instructors Monique Gaymer-Jones and/or employees of independent contractors of Azure Pilates and Yoga Studio.

I hereby affirm that I am in good condition, have had a physical exam by a medical doctor within the last 12 months, have a doctor's clearance to exercise, and do not suffer from any disability that would prevent or limit my participation in this exercise program. In consideration of my participation in said exercise program, I, for myself, my heirs and assigns, do hereby release Monique Gaymer-Jones and employees and independent contractors of Azure Pilates and Yoga Studio from any liability now or in the future, including but not limited to,
heart attack, muscle strains, pulls/tears, broken bones, shin splints, heart prostration, knee/lower back/foot injuries and other illness, soreness or injury, however caused, occurring during or after my participation in said exercise program.

I hereby affirm that I have read and fully understood the above. I further attest that the medical and personal information above is true to the best of my knowledge.

Signature____ Date_____/_____/_____

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