



# PILATES DU PLATEAU

## CLIENT REGISTRATION FORM

### 1.) General Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M\_\_\_\_ F\_\_\_\_

Home Address: \_\_\_\_\_

Tel: (W): \_\_\_\_\_ (H): \_\_\_\_\_ (M): \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Tel No: \_\_\_\_\_

Referred by: Client/Flyer/Promotion/Friend/Advertisement/Other (Please Specify)

### 2.) Lifestyle and Fitness Information

Occupation: \_\_\_\_\_

Current Physical Activities (within past two years)

Type: \_\_\_\_\_ x per week \_\_\_\_\_ duration \_\_\_\_\_

Type: \_\_\_\_\_ x per week \_\_\_\_\_ duration \_\_\_\_\_

Previous physical activities: \_\_\_\_\_

If you are not participating in any exercise program, please give reason(s)

Have you had any Pilates training? Yes / No

If yes, please give details: \_\_\_\_\_

Do you feel you maintain a healthy lifestyle/diet most of the time? (Please rate from 1-10, 10 representing the healthiest)

**Fitness Goals:** Please indicate your physical goals/objectives with a Pilates programme:

### 3.) Medical History

Do you have now, or have you had within the past three years:

	No	Yes	If yes, please explain
a) Difficulty with exercise:	_____	_____	_____
b) Advice from a physician not to exercise?	_____	_____	_____
c) Muscle, joint or spinal disorder that could be aggravated by exercise?	_____	_____	_____
d) History of heart problems?	_____	_____	_____

- e) History of lung problems? \_\_\_\_\_
- f) History of high blood pressure? \_\_\_\_\_
- g) History of low blood pressure? \_\_\_\_\_
- h) A chronic illness? \_\_\_\_\_
- i) Recent surgery (within 6 months)? \_\_\_\_\_
- j) Diabetes? \_\_\_\_\_
- k) Glaucoma? \_\_\_\_\_
- l) Hernia? \_\_\_\_\_
- m) High cholesterol levels? \_\_\_\_\_
- n) Are you now, or have you been pregnant within the last 3 months? \_\_\_\_\_
- o) Are you presently taking any medications which may affect or be affected by physical activity? \_\_\_\_\_
- p) Are you currently seeking the advice of a physician in relation to any of the above? If so, please provide physicians name and contact details in case of emergency \_\_\_\_\_

Please give a brief description of any past or current injures, structural alignment problems, or medical conditions not specified above:

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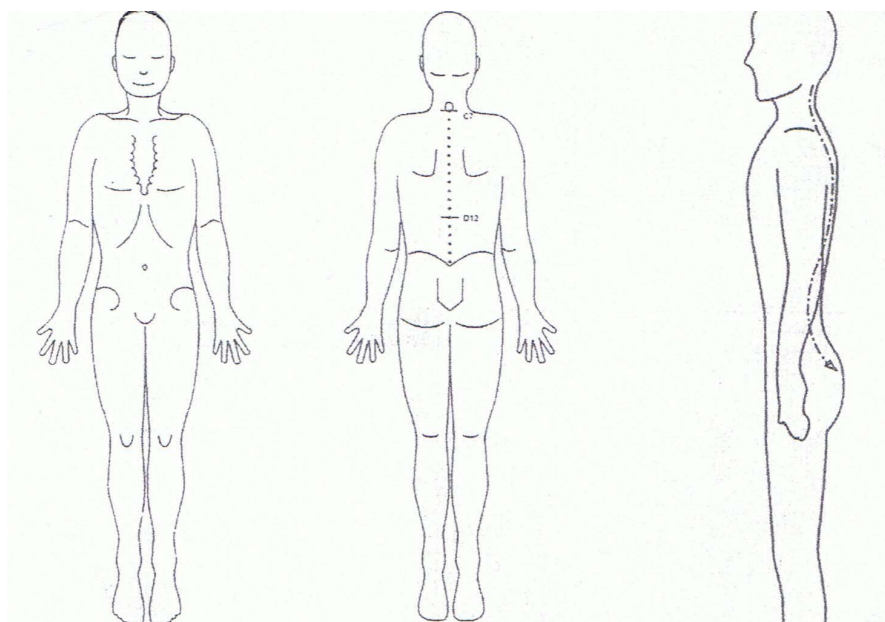


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Please circle the pain or tension area:





## PILATES DU PLATEAU

I, \_\_\_\_\_, understand that even though caution is a priority, certain parts of the Pilates exercise routine can present certain challenges. Consequently, I acknowledge all risks involved and voluntarily take on full responsibility for any injury that I may incur while participating in the exercise system and therefore discharge Pilates du Plateau, its owners and employees of all responsibilities and consequences.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Person to contact in case of emergency: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_



PILATES DU PLATEAU

## **Studio Policy**

1. *Pilates du Plateau requires that any session cancellation or notification must be done **twenty-four (24) hours** in advance. Otherwise full amount of administrative fees will be charged.*
2. *All packages must be completed within 6 months.*
3. *Reservation is required for all types of classes. Group classes require min 3 attendants to begin.*
4. *All Pilates sessions are transferable but are not refundable. Rates are subject to change without notice.*
5. *With socks or bare foot are accepted in the studio. Summer time for hygiene reason we recommend you wipe your feet if you wear flip-flops all day long.*
6. *After workout, please clean your mat and the other props.*
7. *SOLO workout clients must be approved by the Instructor(s).*
8. *The studio is not responsible for any lost or stolen articles from the location.*

**I have read and understood the above terms and conditions and declared to be satisfied and in agreement with the said terms and conditions.**

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_