

Date _____

Referred By _____



Please fill in all contact information. Vitality, LLC will ensure your privacy. Please Print Clearly.

Name _____ Birth Date _____

Email _____ Occupation _____

Address _____ City, ST _____ Zip _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Emergency Contact _____ Phone: (Day) _____ (Night) _____

1. General Health: Excellent Good Fair Poor

2. Physicians Name _____ Phone _____

3. Current Medications (within past 6 months) _____

4. Please list previous surgeries, injuries, traumas and accidents, along with dates of occurrence.

5. Are you currently receiving professional health care services for any reason? (i.e. Chiropractic, Physical Therapy, Occupational Therapy, Massage Therapy, Nutritional Counseling, Medical, Podiatry, etc)

Are you currently or have you recently been diagnosed with any of the following:

Arthritis	Y	N	High Blood Pressure	Y	N	Back Pain	Y	N
Cancer	Y	N	Circulatory Disease	Y	N	Diabetes	Y	N
Dizziness	Y	N	Fainting Disorder	Y	N	Abnormal EKG	Y	N
Heart Attack	Y	N	Herniated/Bulging Disk	Y	N	Scoliosis	Y	N
Numbness	Y	N	Osteoporosis/Osteopenia	Y	N	Hypoglycemia	Y	N
Seizure Disorders	Y	N	Shoulder Impingement	Y	N	Stenosis	Y	N
Migraines	Y	N	Breathing Disorders	Y	N	Heart Disease	Y	N
<i>Women Only:</i>			Chronic Menstrual Problems	Y	N	Pregnancy	Y	N

If yes to any of the above, please explain _____

7. Please circle the most appropriate answer to the questions in the box below.

Yes	No	Has your Doctor ever said that you have a heart condition and that you should only engage in physical activity recommended by your Doctor?
Yes	No	Do you feel pain in your chest when you engage in physical activity?
Yes	No	In the past month, have you pain in your chest when you engage in physical activity?
Yes	No	Do you lose your balance due to dizziness or do you ever lose consciousness?
Yes	No	Do you have a bone or joint problem that could be worsened by a change in your physical activity?
Yes	No	Is your Doctor currently prescribing drugs for a blood pressure or heart condition?

8. Do you have any Pilates experience? No Yes (Level of Experience) _____

9. Circle any sports/activities you would like your Pilates practice to impact:

- Golf Tennis Swimming Cycling Running/Track Soccer Football
 Baseball Basketball Riding Dance Gymnastics Other _____

10. Please list 3 specific goals you would like to achieve through your Pilates practice:



Waiver of Liability/Informed Consent

I hereby affirm that I am in sound physical condition and able to participate in a rigorous physical exercise program. I recognize that participation in the Pilates Method of exercise is voluntary on my part, and that there are inherent risks which I hereby assume for myself, my heirs, and assigns. I recognize that many changes may occur as a result of these exercise lessons, including possible short-term aggravation of some symptoms: feelings of tiredness, lightheadedness, increased energy, mood changes, etc. Vitality, LLC shall not be liable for any injuries or damages to any participant, or the property of any participant, or be subject to any claim, demand or injury, or damages whatsoever, including, without limitation, those damages or injuries resulting from acts of negligence on the part of Vitality, LLC.

In consideration of my acceptance as a participant in such activities, I expressly waive, release, and discharge Vitality, LLC from any obligations, liabilities, claims, demands, costs and expenses, including attorney fees, arising out of, or in connection with, any bodily injury, however caused, occurring during or after my participation in the exercise program.

Vitality, LLC shall not be responsible or liable for any articles lost, stolen or damaged, in or about the studio.

Since classes may be offered at different levels, they require a prior evaluation of your fitness level. You are responsible for attending the appropriate level.

24 hour Cancellation notice is required Monday through Friday (**Monday cancellations must be received by noon Sat**). Any cancellation less than 24 hours prior to a scheduled session for ANY reason, other than incapacitating illness or a funeral, will result in a session fee being applied.

I hereby affirm that I have read, fully understand and accept the above waiver; likewise, I have completed accurately, to the best of my knowledge, the health information on the reverse side.

Signature _____ Date _____

If participant is under 18 years old, parent or guardian must also sign here:

Signature _____ Date _____