



<u>Office Only</u>
<input type="checkbox"/> Mind Body
<input type="checkbox"/> Mail Chimp
<input type="checkbox"/> Welcome/Back Card
<input type="checkbox"/> Referral (if needed)
<input type="checkbox"/> Member Card (if needed)

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ # \_\_\_\_\_

E-mail: \_\_\_\_\_ Birthday: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

How Did You Hear About Us? \_\_\_\_\_

\*\* Can we Thank someone for referring you? \_\_\_\_\_

### WAIVER OF LIABILITY

**1. There is a risk of injury when training at Joy of Pilates & Fitness.**

I recognize that Joy of Pilates offers personal fitness services that require strength, flexibility and aerobic exercise. The training includes the use of equipment and exercises that may cause injury. I have been informed of and understand the risk of such an injury and in consideration for being allowed to participate in activities at Joy of Pilates do hereby release the studio, its staff, and others acting on its behalf from any claims or liabilities for injuries or damages to my person arising from my participation in those activities.

**2. I am physically sound.**

I hereby declare myself to be physically sound and suffering from no condition or impairment that would prevent my safe participation in the physical activities offered by Joy of Pilates. I agree to keep my instructor informed of changes to my physical condition or changes in my ability to perform the activities associated with my training.

**3. I have had a recent physical examination.**

I acknowledge that it is recommended that I have a yearly or more frequent physical examination and consultation with my physician regarding physical activity, exercise and use of exercise equipment. I have either 1) had a physical examination and been given my physician's permission to participate in Joy of Pilates activities or; 2) decided to participate in these activities without the approval of my physician and assume responsibility for that participation.

**I have reviewed the above policies and understand and accept them.**

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

Print Name: \_\_\_\_\_



# HEALTH HISTORY

In order to design a safe and effective program it is important that you complete the following Health History form. It is crucial that you answer all of the questions honestly and to the best of your ability. Please be advised that all information is kept strictly confidential.

**A. Circle the appropriate responses.**

- |  |     |    |
|--|-----|----|
| 1. Has your doctor ever told you that you have heart problems?       | Yes | No |
| 2. Has your doctor every told you that you have high blood pressure? | Yes | No |
| 3. Have you ever had a stroke or a heart attack?                     | Yes | No |
| 4. Have you ever had pain in your chest?                             | Yes | No |
| 5. Do you ever feel faint or have dizzy spells?                      | Yes | No |
| 6. Have you had surgery? What type? _____                            | Yes | No |

**B. Circle any conditions which apply and DATE of occurrence.**

Current Pregnancy/trimester?: \_\_\_\_\_ Incontinence/ Pelvic floor issues: \_\_\_\_\_

Osteoporosis/ Osteopenia **T-score:** \_\_\_\_\_ (**wrist/spine/hip**): \_\_\_\_\_

Cancer (type?) Diabetes Epilepsy Asthma Arthritis (location): \_\_\_\_\_

High Cholesterol Heart Disease High Blood Pressure

**C. Circle any areas you have injured or have pain in. Please date WHEN.**

Neck	Upper Back	Hips <b>L/R</b>
Elbows <b>L/R</b>	Lower Back	Knees <b>L/R</b>
Wrists <b>L/R</b>	Shoulders <b>L/R</b>	Feet/Ankles <b>L/R</b>

**D. Are you currently taking any medications?**

If yes, which medications, and for what conditions?

\_\_\_\_\_  
\_\_\_\_\_

**E. Are you currently undergoing treatment from any of the following?:**

Physical Therapist Occupational Therapist Massage Therapist

Chiropractor Acupuncturist Other? \_\_\_\_\_

If needed, may we contact your health care provider?

Health Care Provider: \_\_\_\_\_

Phone #: \_\_\_\_\_



## HEALTH ASSESSMENT & GOALS

What do you want to achieve/ your goals through coming to Joy of Pilates?

**One-year health goals?**

---

---

---

---

What types of exercise are you interested in taking at JOP?

---

---

---

What is your prior exercise experience? Pilates? Reformer? TRX?

---

---

---

How many days a week on average do you exercise? How long? What intensity?

---

---

---

Do you have any injuries that you would like us to be aware of?

---

---

---

---

How would you describe your posture and flexibility?

---

---

---

---

---

**Additional information/comments you want us to know:**

---

---

---



## CLIENT POLICY

**To ensure a quality experience here at JOP, we ask that you as a client, consider these policies** (Please initial each box after reading):

1.  Class will start on time – please do not be late. If you are late, you may miss important warm-up exercises that ensure a safe class. If you know you will be 10 or more minutes late, please plan to come to an alternative class or make arrangements for a make-up.
2.  It is your responsibility to inform your Instructor of any injuries which may be exacerbated by movement taught in your class or private session. Instructors will try to find variations of movement that are suitable for your body and injury.
3.  24 hours advance notice must be given for all appointment changes or cancellations directly to your Instructor. All late cancellations and missed appointments will result in full charge. No refunds. (If you do have an emergency, please let us know so that we can treat your situation with personal attention.)
4.  Please do not come to class or your private session if you are contagious. You will not be charged for your session if you are contagious and need to miss.
5.  There are no refunds on purchases unless a Doctor's statement is provided [clarifying that patient cannot participate in exercise]. Packages can be transferred to other clients.
6.  Well behaved children are allowed in the waiting room. However, they are the responsibility of the parents. Children are not allowed on studio equipment.
7.  All class punch cards expire in 120 days.  
Private training packages expire one year from purchase.
8.  **Have FUN and let us know of anything we can do to serve you better!  
Thank you!**

**I have reviewed the above policies and understand and accept them.**

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

Print Name: \_\_\_\_\_



## STUDIO GUIDELINES

**Thank you so much for helping us create an atmosphere conducive to taking care of the body inside and out and an environment that is nurturing and positive.**

- + Please arrive 5 minutes early to any class or session. Wait for your Instructor to welcome you into JOP.**
- + Please be respectful of other classes & sessions in progress.**
- + Please maintain a respectably low vocal volume when in the studio space and in the reception area.**
- + For your convenience we have provided one changing room and storage areas for your personal items.**
- + Students are not permitted on any exercise equipment without instructor present.**
- + Please no chewing gum while in exercise session for client safety!**
- + Children must have parent supervision when in studio space.**
- + Please wear socks, bare feet, or indoor fitness shoes only on the exercise floor. No outdoor footwear.**
- + Please turn cell phones to silent and please no texting during class.**
- + Please spray off ALL equipment after using and put your items away.**

**Thank you. And WELCOME to JOP!**

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

Print Name: \_\_\_\_\_

Edited  
04/21



## JOP Release of Liability Statement

Please note that our waiver has been updated as of 7/6/2020 to include a Release of Liability Statement. This statement acknowledges that Joy of Pilates Inc. is not responsible for any sickness or bacterial spread that one should contract while at JOP and any subsequent damages that result, such as loss of work.

During a widespread outbreak of a bacterial or viral disease, including but not limited to SARS, Ebola and COVID-19, I EXPRESSLY ASSUME THE RISK OF ALL HARM, INJURY, OR ILLNESS, INCLUDING DEATH, TO MYSELF OR OTHERS WITH WHOM I HAVE CLOSE CONTACT AND RELEASE AND FOREVER DISCHARGE AND HOLD HARMLESS Joy of Pilates Inc. FROM ALL LIABILITY OR CLAIM FOR HARM, INJURY, OR ILLNESS AND DEATH ARISING OUT OF OR RESULTING FROM OR IN ANY WAY RELATED TO PARTICIPATION IN ANY OF THE EVENTS OR ACTIVITIES CONDUCTED BY, ON THE PREMISES OF, OR FOR THE BENEFIT OF Joy of Pilates Inc. I consent to emergency medical care and transportation to obtain treatment in the event of injury to me as Joy of Pilates may deem appropriate. This Release extends to any liability arising out of or in any way connected with the medical treatment and transportation provided in the event of an emergency. I, the undersigned, have read and I am committed to the Joy of Pilates policies during this time and I acknowledge and will follow any and all updates that may be made to these policies in accordance to local law.

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

Print Name: \_\_\_\_\_

Edited  
04/21