CLIENT INFORMATION

Joy Pilates & Fitness

Welcome to Joy of Pilates!
Please complete the following forms for our records. Please print clearly and legibly.

Name: _____

First MI Last

Address: _____

House Number Street

City: _____ ST: _____ Zip:_____

Home Phone: _____ Cell/Text Phone: _____

Email: _____ **Birthdate**: _____

Emergency Contact:_____ Relationship: _____

Phone _____ Alt Number _____

How did you hear about Joy of Pilates?

_____

Can we thank someone for referring you? ***[They will get a free Pilates session!]***

_____

WAIVER OF LIABILITY

1. **There is a risk of injury when training at Joy of Pilates.**
   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 employees, 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:_____

CLIENT POLICY

To ensure a quality experience here at Joy of Pilates, we ask that you as a client, consider these policies:

1. It is your responsibility to inform your instructor of any injuries which may be exacerbated by movement taught in your class or private session. Please tell your instructor; we will be able to find variations of movement that are suitable for your body and injury.

2. 24-hour notice is required to cancel a Private or Duet session. If cancellation occurs with less notice, you will be charged for your session.

3. Please do not come to class or your private session if you have a contagious illness. If missing a private session, please contact your instructor as soon as you know. You will not be charged for your session if you are contagious and need to miss.

4. Please do not get on any of the equipment unless you are with your trainer.

5. Children are allowed in the waiting room. However, they are the responsibility of the parents. Children are not allowed on studio equipment.

6. **All class purchases expire 120 days following the purchase date. Privates and Duets sessions expire one year from purchase. Reformer Series are month-to-month and expire at the end of the monthly series. All makeup classes must be taken prior to the end of the series.**

7. There are no refunds on package purchases unless a Doctor's statement is provided clarifying that patient cannot participate in Pilates exercise. Packages can be transferred to other clients.

8. Class will start at the time designates – please do not be late. If you are late, you may miss important warm-up exercises that ensure a safe class. The instructor reserves the right to deny entry into a class if they deem it is unsafe for the client to participate.

Have fun and let us know if there is anything we can do to serve you better. Thank you!

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

Signature:_____ Date:_____

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. Check 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 in the last six months? ☐Yes ☐No

B. Check any conditions, which apply and DATE of occurrence if applicable.

☐Current Pregnancy/trimester?:_____ ☐Incontinence/ Pelvic floor issues: _____

☐Osteoporosis/ Osteopenia **T-score:** _____ ☐Smoker _____

☐High Blood Pressure ☐Arthritis (location): _____ ☐High Cholesterol ☐Heart Disease

☐Cancer (type?) _____ ☐Diabetes ☐Epilepsy ☐Asthma

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

☐Neck ☐Upper Back Hips ☐**L** ☐**R**

Elbows ☐**L** ☐**R** Lower Back ☐ Knees ☐**L** ☐**R**

Wrists ☐**L** ☐**R** Shoulders ☐**L** ☐**R** Feet/Ankles ☐**L** ☐**R**

D. Please list all medications you are taking and for what conditions:

_____

_____

E. Are you currently undergoing treatment from any of the following? (check)

☐Physical Therapist ☐Occupational Therapist ☐Massage Therapist ☐Chiropractor

☐Acupuncturist Other? _____

F. Are there any other reasons (health/ personal) that may prevent or limit you from exercising?

_____

_____

Signature: _____ Date:_____

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 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, barefoot, or indoor Pilates' shoes only on the exercise floor. No outdoor footwear.**
- **Please turn cell phones to silent alert and please no texting during class.**
- **Please spray off equipment after using and put your items away.**

Thank you.
You are the best students in the world!

Signature: _____ Date:_____

HEALTH ASSESSMENT & GOALS

What do you want to achieve and what are your goals with Joy of Pilates?

_____

_____

What are your long-term health goals?

_____

_____

How many days a week [on average] do you exercise? What types? How long? Intensity?

_____

_____

Do you have any prior training in Pilates, Dance, Yoga, Martial Arts, or Sports? (Please describe.)

_____

_____

How would you describe your posture and flexibility?

_____

_____

What kind of work do you do? What are your regular daily activities (i.e. gardening, driving, etc)?
How long do you sit on average per day? (hours)

_____

_____

_____

Does anything hurt or ache in your body? What? When? How long has it hurt you?

_____

_____

Do you currently receive any other therapy? (i.e. PT, massage) (check) ☐Yes ☐No
May we contact your other health care practitioner(s)? If yes, please provide contact information:

_____

_____

Additional information or comments you want us to know:

_____

_____

Thank you for being part of Joy of Pilates! We so appreciate you!