

Client Form

Personal Information

First Name	Last Name
Address	City/Zip
Home Phone	Work Phone
Cell Phone	E-mail
Date of Birth	Occupation

Hobbies

<input type="checkbox"/> Cycling	<input type="checkbox"/> Football	<input type="checkbox"/> Karate	<input type="checkbox"/> Tennis
<input type="checkbox"/> Climbing	<input type="checkbox"/> Hiking	<input type="checkbox"/> Skiing	<input type="checkbox"/> Yoga
<input type="checkbox"/> Dance	<input type="checkbox"/> Jogging	<input type="checkbox"/> Swimming	<input type="checkbox"/> Other

Injury/Illness

Where appropriate please specify R (right) or L (left)

<input type="checkbox"/> Head	<input type="checkbox"/> Arm	<input type="checkbox"/> Stomach	<input type="checkbox"/> Knee
<input type="checkbox"/> Neck	<input type="checkbox"/> Hand	<input type="checkbox"/> Hip	<input type="checkbox"/> Foot
<input type="checkbox"/> Shoulder	<input type="checkbox"/> Back	<input type="checkbox"/> Leg	<input type="checkbox"/> Other

Remarks

Emergency Contact

Name/Relationship	Home Phone
Work Phone	Cell Phone

General Information

Cancellation Policy:

In the event of cancellation, the client must inform the studio at least 24 hours in advance to avoid any charges.

Liability Policy:

I, the client, am aware and fully understand that my participation in Pilates method exercise presents some unavoidable risk of injury. These risks are heightened if I have a pre-existing injury, illness, or medical disability. I, the client, also understand that the use of the exercise equipment may also pose a risk of injury.

I, the client, further acknowledge and agree to all risks involved in my participation in the Pilates method exercise conducted by the instructors of Pure Pilates, and waive any rights and claims that I might otherwise bring against Pure Pilates.

Name: _____

Date: _____

Signature: _____