

Pilates on 10th
2351 10th Ave. E. * Seattle, WA 98102
206.709.4030 * www.pilateson10th.com

Welcome to Pilates on 10th. We ask that you take a few minutes to fill out this form. All information will be kept confidential.

Name _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ Birth Date: _____

Occupation: _____

Emergency Contact/Relationship: _____

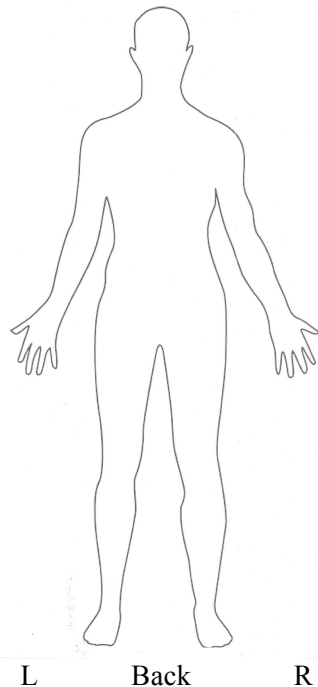
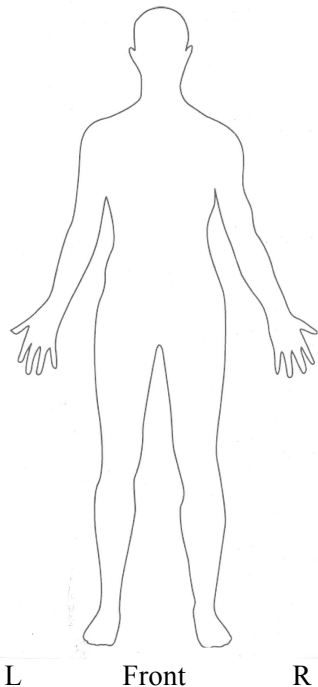
Phone: _____

What is your preferred method of electronic confirmation/contact?

e-mail mobile text *If mobile text, please identify your mobile provider:* _____

Present Health Condition

Mark any current pain or issues you are dealing with on the figures below.



Please describe: _____

Medical History

Please check all that apply and provide dates:

Condition	Date
<input type="checkbox"/> head trauma	_____
<input type="checkbox"/> neck/shoulder pain	_____
<input type="checkbox"/> rotator cuff (R/L)	_____
<input type="checkbox"/> elbow/wrist pain (R/L)	_____
<input type="checkbox"/> carpal tunnel syndrome (R/L)	_____
<input type="checkbox"/> herniated disc(s) vertebrae involved _____	_____
<input type="checkbox"/> low back pain	_____
<input type="checkbox"/> sciatica	_____
<input type="checkbox"/> sacro-iliac joint dysfunction	_____
<input type="checkbox"/> pulled muscle/strain/sprain <i>Please list:</i> _____	_____
<input type="checkbox"/> fractures/ stress fractures <i>Please list:</i> _____	_____
<input type="checkbox"/> ACL/MCL tear (R/L)	_____
<input type="checkbox"/> patellar misalignment (R/L)	_____
<input type="checkbox"/> shin splits (R/L)	_____
<input type="checkbox"/> plantar fasciitis (R/L)	_____
<input type="checkbox"/> corns/bunions	_____
<input type="checkbox"/> other _____	_____
<input type="checkbox"/> other _____	_____
<input type="checkbox"/> surgeries <i>Please list:</i> _____	_____
<input type="checkbox"/> car accidents <i>Please describe:</i> _____	_____

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Please list any medical conditions (cardiovascular, seizures, strokes, etc.)

Are you currently seeing a M.D. for this/these condition(s)? _____

May we contact them? _____

Name of M.D.: _____ Phone: _____

Please list any medications that you take.

List current and past activities and sports.

What goals do you hope to achieve through Pilates-based exercise?

Do you have previous experience in Pilates-based exercise?

How did you hear about Pilates on 10th?

Studio Policies

Please read the following studio policies, then sign and date below.

- * A 24-hour notice is required for the cancelation of a Session or Group Equipment Class. If we do not receive a 24-hour notice you will be charged in full.
- * All Sessions and Classes are 55 minutes in length.
- * All packages expire 6 months from date of purchase.
- * Rates subject to City of Seattle Sales Tax.
- * Purchased Sessions and Classes are non-refundable and non-transferrable.
- * Private and Duet Sessions are by appointment only.
- * Mat Classes are drop-in.
- * In order to maintain a high quality workout that flows swiftly through transitions and exercises and for safety concerns, instructor approval is required for all Duet, Group and Mat Classes (except Beginning Mat Class).
- * Duet Sessions are based on the availability of an appropriate partner. If your partner early cancels we will notify you as soon as possible. You may opt to keep your scheduled appointment time and pay the difference for a Private Session. Most clients who take Duet Sessions also purchase a Private Package for this purpose. 24-HOUR CANCELLATION POLICY APPLIES.
- * Group Equipment Class availability is limited. Sign-up in advance or call or go online to check the availability of a drop-in. Reserved spaces for Group Equipment Classes will be released 10 minutes prior to the scheduled class time. Please be on time. 24-HOUR CANCELLATION POLICY APPLIES.
- * Please do not wear strong perfumes or heavy oils and creams to your session.
- * Please do not wear sharp objects in your hair such as barrettes and clips.
- * If you would like to schedule standing weekly appointments we would be happy to accommodate you based on availability. It is your obligation to notify your instructor or the front desk if you need to cancel a standing appointment or are leaving town for a designated period of time. Three consecutively missed or canceled standing appointments releases the appointment time. 24-HOUR CANCELLATION POLICY APPLIES.
- * Please notify your instructor if you have had any injuries, car accidents, or new health concerns since your last session.

I have read, understand, and agree to comply with the studio policies listed above.

Signature (Parent or Guardian if under 18)

Date

Liability Waiver and Informed Consent Release

I have enrolled in a Pilates-based physical conditioning class/program at *Pilates on 10th LLC*. I understand that participating in a Pilates-based exercise and training program presents some unavoidable risk of injury especially to persons who have pre-existing injuries, illness or medical disabilities. I also understand that use of exercise equipment also holds a risk of injury.

I have and will continue to keep my instructor informed of any physical condition or disability that would prevent or limit my participation in any exercise or physical training program. I understand that a medical examination is advisable before starting any exercise or physical training program. I am also aware that my instructor is not engaged in diagnosing or treating medical diseases or deficiencies.

I assume all risks of my participation in Pilates-based fitness instruction, training and conditioning. I hereby agree to release and hold harmless *Pilates on 10th LLC* or my instructor for any injury or accident related to my participation in the Pilates-based conditioning class/program.

Pilates on 10th, LLC and my instructor shall not be held responsible for any articles lost, stolen or damaged in or about the studio.

Signature (Parent or Guardian if under 18)

Date