

REGISTRATION: Pilates de Sorrento

Administrative Details:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: M/F

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

Phone: \_\_\_\_\_ Home: \_\_\_\_\_ Business: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Active: \_\_\_\_\_ Sedentary: \_\_\_\_\_

MEDICAL CONDITIONS (Please Tick)

Heart Conditions	Low Blood Pressure	Asthma	Epilepsy
Hernia	High Blood Pressure	Arthritis	Stroke
Diabetes	Kidney/Liver Condition		

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INJURIES (Past and Present) Please Tick

Feet	Hamstrings	Abdominals	Shoulders
Ankles	Thighs	Groin	Upper Arms
Calf	Hips	Ribs	Hands
Shins	Lower Back	Upper Back	Knees
Neck	Wrists		

Comments: \_\_\_\_\_

Physical Activity:

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How did you hear about our Studio?

I represent and warrant to this Fitness Studio that I have furnished details of any medical conditions I have and of all recent medical treatment received by me. I have read the foregoing and I understand it and any questions which may have occurred to me have been answered to my satisfaction.

Signed: Date: \_\_\_\_\_ Date: \_\_\_\_\_

Client

TERMS AND CONDITIONS

1. 24 hours notice is required for cancellations.
2. For "no shows" it will be a full session charge.
3. If at any time I feel uncomfortable with any of the routine, I shall stop the exercise and inform the Instructor on duty, especially in cases where
  - i. pain levels become uncomfortable.
  - ii. my back or any other part of the body feels twinges of pain, discomfort or strain.
4. If my membership/sessions are interrupted for longer than 4 weeks or for any medical reasons, I shall inform the Instructor on duty of the reasons why and check if the program as last given to me would still be appropriate.

I hereby declare that all and/or any exercises prescribe or administered to me are undertaken at my own risk. I will not hold Pilates Unlimited or any of its staff responsible for injuries arising therefrom.

I agree to the above terms and conditions.

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

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