Joe's Place
TRUE PILATES

Client Registration

Full Name: _____ Date: _____

Is there a nickname you prefer us to use? _____

Cape Cod Mailing Address _____

City and State _____ Zip Code _____

**Please indicate dates residing at Cape Cod address: _____

Off-Cape Mailing Address (if applicable) _____

City and State _____ Zip Code _____

**Please indicate dates residing at off-Cape address: _____

E-Mail _____

Would you like to be included in mailings or e-mailings of newsletters or specials? Yes _____ No _____

Phone Numbers: Home _____ Work _____

Cell _____ Other _____

Please tell us how you heard about Joe's Place-True Pilates: _____

Your Age _____ Your Birthdate _____/_____/_____ ***Your age and birth year are always kept confidential.***

Your Height _____ Your Weight _____ Do you have weight loss goals? _____ Desired Weight _____

Your Occupation _____

Emergency Contact: Name _____ Relationship _____

Phone Numbers: Home _____ Work _____ Cell _____

Physician's Name and Location: _____

Has your physician approved your participation in a fitness program? Yes_____ No_____

Do you exercise (please list activities and how often)? _____

_____

Other than your current exercise activities, what types of movement/training/workouts have you experienced?

___Pilates ___Yoga ___Dance ___Group Fitness ___Weight Training ___Other: _____

Are you currently receiving any physical therapy or medical care? _____

Please advise us of any medications/supplements you are taking: _____

Please list any medical conditions, surgeries, accidents, bone, joint or muscle diseases or injuries, or any other condition or physical limitations that might make it unsafe for you to participate, or limit your participation in this program:_____

_____

Any allergies? _____

Is there anything else we should know about you?_____

_____

_____

_____

_____

(Continued on next page.)

Joe's Place
TRUE PILATES

Informed Consent

Thank you for choosing to use the facilities, services, and programs of Joe's Place-True Pilates. We request your understanding and cooperation in maintaining both your and our safety and health by reading and signing the following informed consent agreement.

I, _____, declare that I intend to use some or all of the activities, facilities, programs, and services offered by Joe's Place-True Pilates and understand that each person, myself included, has a different capacity for participating in such activities, facilities, programs, and services. I am aware that all activities, services and programs offered may be educational, recreational, or self-directed in nature. I assume full responsibility, during and after my participation, for my choices to use or apply, at my own risk, any portion of the information or instruction I receive.

I understand that part of the risk involved in undertaking any activity or program is related to my own state of fitness or health (physical, mental, or emotional) and to the awareness, care and skill with which I conduct myself in that activity or program. I acknowledge that my choice to participate in any activity, service, and program offered by Joe's Place-True Pilates brings with it my assumption of those risks or results stemming from this choice and the fitness, performance, health, awareness, care, and skill that I possess and use.

I accept the fact that the skills and competencies of some employees, subcontractors and/or volunteers will vary according to their experience and that no claim is made to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified, insured, or registered, and herein employed to provide such professional services.

I recognize that by participating in the activities, facilities, programs, and services offered by Joe's Place-True Pilates I may experience potential health risks which include, but are not limited to, transient light-headedness, fainting, abnormal blood pressure, chest discomfort, leg cramps, nausea, muscle soreness, muscle strains, and very rare instances of heart attack, stroke, or even death, and that I assume willfully those risks. I acknowledge my obligation to immediately inform the nearest supervising employee of any pain, discomfort, fatigue, or any other symptoms that I may suffer during and immediately after my participation. I understand that I may stop or delay my participating in any activity or procedure if I so desire and that I may also be requested to stop and rest by a supervising employee who observes any symptoms of distress or abnormal response.

I understand that photos of the studio with classes and activities in progress may be taken and made available to the media for advertising and/or used by Joe's Place - True Pilates for other marketing and promotional purposes and give my consent to be included in such photographs.

I understand that I may ask any questions or request further explanation about the activities, facilities, programs, and services offered by Joe's Place-True Pilates at any time before, during, or after my participation. I declare that I have read, understood, and agree to the contents of this informed consent agreement in its entirety.

Printed Name of Client:_____ Date:_____

Signature of Client:_____

Printed Name of Parent/Guardian, if client is under 18:_____

Signature of Parent/Guardian, if client is under 18:_____