



pilates center OF ROCKVILLE

Welcome to Pilates Center of Rockville! In order for us to better understand your health and fitness needs, please take a few minutes to complete this form. Thank you.

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____ Date of Birth _____

Emergency Contact Name _____ Phone _____

How did you hear about us? _____ Referred By _____

1. What specific health or fitness goals do you hope to achieve through the Pilates Method?

2. List all current and recent activities and sports.

3. Have you done Pilates before (mat or equipment)? _____

4. Describe your present physical condition, and list any medications you are taking.

5. Describe your physical history, listing injuries, ailments, illnesses, surgeries, pregnancies and any significant medical treatments. Check all body parts involved, and specify R (right) or L (left) where applicable.

_____ Head	_____ Arm/Hand	_____ Lower Back	_____ Hip/Pelvis
_____ Neck	_____ Upper Back	_____ Ribs	_____ Knee/Leg
_____ Shoulder	_____ Middle Back	_____ Abdomen	_____ Ankle/Foot

POLICIES

RESERVATIONS

Reservations are required for all appointments, and to guarantee your space in classes. Due to small class sizes, we strongly recommend making a reservation. Class drop-ins are welcome, but are subject to availability. You may check online or call to check availability.

PAYMENTS

Payment is required in advance for all services, and all payments are non-refundable. We accept Visa, MasterCard, Discover, American Express, cash and checks. A \$35 fee will be assessed for each returned check.

EXPIRATION DATES

Expiration dates for all Combo Cards, Class Cards and Packages activate on the date of purchase. They may be found on your sales receipt and in your online account. Expiration dates are as follows: Intro to Pilates Package (2 months), \$350 Combo Card (6 months), \$600 Combo Card (12 months), 5 Class Card (2 months) and 10 Class Card (4 months).

CANCELLATIONS

Clients must cancel appointments and classes at least 24 hours in advance. Full payment will be assessed for late cancellations. We reserve the right to cancel any class due to low enrollment. Clients will be notified at least 24 hours in advance.

PROTOCOL

Clients must sign-in at the Front Desk upon arrival. Please remove your shoes and silence your cell phone upon entering the studio. For your safety, clients who arrive more than 10 minutes late to a group class will not be permitted to join the class.

INCLEMENT WEATHER POLICY & PROCEDURES

If you have concerns about traveling in forecast inclement weather, you should always early cancel your class or appointment with at least 24 hours notice to avoid being charged. If you later decide that you are comfortable with traveling, you can contact us and we will happily reschedule you. In the event of inclement weather, closing and delayed opening information will be posted on our website and recorded on our voice message. We do not follow federal government or public school closings. Information will be posted by 7 am for morning classes and appointments, and necessary updates will be posted throughout the day. It is the responsibility of each client to check the status of the studio via the website or voice message. We do not call clients individually. Clients who receive auto-emails will be notified of class and appointment cancellations by email.

WAIVER OF LIABILITY AND INFORMED CONSENT RELEASE

I have enrolled in a program of instruction in the Pilates Method of physical conditioning offered by Pilates Center of Rockville. I have been advised and I understand that participation in Pilates conditioning activities, like any physical conditioning activity or exercise program, presents some unavoidable risk of injury, especially to people who have pre-existing injuries, illness or medical disabilities. I understand that the use of exercise equipment also carries with it a risk of injury. I recognize that many changes occur as a result of these exercise lessons, including possible short-term aggravation of some symptoms, feelings of tiredness, light-headedness, increased energy, mood changes, etc.

I also understand that a medical evaluation is advisable before commencing any program of physical conditioning or exercise. I have and will continue to keep the instructors at Pilates Center of Rockville fully informed of any physical condition or disability, which would prevent or limit my participation in an exercise program. I acknowledge that, although the program may have substantial physical benefits, Pilates Center of Rockville employees and contractors do not engage in diagnosing or treating medical or physical diseases or deficiencies.

I expressly assume all risks of my participation in this conditioning program and waive any claim, which I might otherwise bring against Pilates Center of Rockville, its employees and contractors, as a result of injuries resulting from or relating to my participation in this Pilates conditioning program. I understand that if I choose to work with a trainee, I am acknowledging that I am a healthy, injury-free individual suitable to be working with a newer instructor. Pilates Center of Rockville, its employees and contractors shall not be responsible or liable for any articles lost, stolen or damaged.

I have read the above Policies and Waiver/Release and I agree to the terms/conditions stated herein.

Signature: _____
(Parent or Guardian if under age 18)

Date: _____