**Premiere Pilates Rehabilitation & Fitness**

**Client Forms**

**CLIENT INFORMATION**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Allergies (in case of emergency) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you want your Appointment Reminders via internet email,\_\_\_\_\_ ,text \_\_\_\_\_, or both-\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referred By Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PAYMENT OPTIONS**

* **PAY AS YOU GO**: by check or cash in full before your first session
* **EFT BILLING**: Credit/Debit Card Information

Name on Credit/Debit Card (exactly as printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address for Credit/Debit Card (with City, MD, Zip Code) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit/Debit Card Number Expiration Date CC Type (Visa, MC, Discover) 3-digit Security Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*I authorize Premiere Pilates and the credit card designated in this application to charge the above listed card for Pilates Sessions in the amount of $\_\_\_\_\_\_\_\_ each month. I understand that Premiere Pilates and the credit card provider listed above reserve the right to terminate this payment plan and/or my participation therein. I also understand that at any time I may elect to discontinue my enrollment in this plan by providing a 30-day notice to Premiere Pilates, in writing and delivered to Premiere Pilates, 4057 Seminole Pt Ct, St Augustine, FL 32086. All charges on my monthly Premiere Pilates bill will be charged to the credit card listed above until such time that this agreement is cancelled by the account holder, credit card provider or Premiere Pilates.

**PREMIERE PILATES REHABILITATION & FITNESS**

**POLICIES**

* Payment in full is required prior to your first training.
* **If you should cancel a training appointment, you must contact your instructor 24 hours prior to the scheduled appointment, except Monday cancellations require 72 hour notice, or you will be charged for that session. Client Initials\_\_\_\_\_\_\_\_**
* All Pay As You Go packages are good for 60 days from the date of purchase.
* EFT packages expire monthly.
* No Refunds.
* Hour sessions are 55 minutes long and half hour sessions are 25 minutes long. Please arrive promptly so that your session can start on time. If you are late, your session will still need to end on time.
* **Appointments may not be booked in advance of payment unless we have an EFT agreement on file. To reserve a desired time slot, EFT clients receive preferential treatment due to consistency in scheduling. EFT clients are committed to their designated appointment times; therefore, forfeiting their rights to Early Cancel. (EFT clients can make up a missed session as instructor schedule allows).**

**I CERTIFY THAT I HAVE READ THIS AGREEMENT AND AGREE TO THE TERMS HEREIN.**

Student’s Signature (X) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CLIENT INTAKE FORM**

What are your health and fitness goals?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ What is your Pilates experience, if any? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any surgeries that have occurred in the past 2 years? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any medications that you are currently taking. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List of allergies. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your daily obligations (work, hobbies, routines in regards to movement) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any regular body work you receive, e.g., Chiropractic, Massage, etc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you currently have small children?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a history of? (Circle all that apply)

Fainting Headaches/Migraines Allergies Heart Attack Back Pain Hip Replacement Stroke Neck Pain Knee Replacement Cancer Head Injury Spinal Injury Seizure

Current Medical/Physical Conditions (Circle all that apply)

Back Trouble Asthma High Anxiety Neck Trouble Glaucoma Dizziness duringexercise Shoulder Problems Diabetes Pregnant/Breastfeeding Knee Problems Hyper-Hypotension Bleeding/Clotting Disorder Joint Problems Low Blood Sugar Scoliosis Are you a smoker (Y/N)

Other medical concerns? Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been released to exercise by a physician? Yes/ No

Student’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AGREEMENT FORM**

In consideration of being allowed to participate in the activities and programs of **Premiere Pilates** and to use its facilities and equipment, in the addition to any payment of any fee or charge, I, the Student do hereby waive, release and forever discharge **Premiere Pilates** and its officers, agents, employees, representatives, executors and all others from any and all responsibilities or liabilities from injuries or damages resulting from my participation in any activities or my use of the equipment and facilities in the above mentioned Pilates Studio. I do hereby release all those mentioned and any others acting on their behalf from any responsibility or liability for any injury or damage to myself including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities at **Premiere Pilates**. \_\_\_\_\_\_\_\_\_\_\_\_\_ (Initial)

I understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury or even death, and that I am voluntarily participating in these activities and using the facilities and equipment with the knowledge of the dangers involved. I hereby agree to the facilities and equipment with the knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death to myself. \_\_\_\_\_\_\_\_\_\_(Initial)

I hereby declare myself physically sound and do not suffer any condition, impairment, disease, infirmity or other illness that would prevent my participation or use of **Premiere Pilates**. I do hereby acknowledge that I have been informed of the need for a Physician’s approval for my participation in any exercise/fitness activity or in the use of the equipment. I acknowledge that it has been recommended to have a yearly or more frequent physical examination and consultation with my Physician in regards to any physical participation at **Premiere Pilates**. I now acknowledge that I have been approved by my Physician to proceed with physical activity, specifically Pilates at **Premiere Pilates** **OR** that I have decided to proceed with all physical activity and use of equipment at **Premiere Pilates** without the clearance and approval from my Physician. Therefore, I do hereby assume ALL responsibility for my participation and activities and utilization of the equipment and facilities in my activities.\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Initial)

I hereby recognize that I have read that Policies instated by **Premiere Pilates**. I will respect the guidelines that have been enforced by **Premiere Pilates**.

Student’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If under the age of 18, Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_