



CLIENT REGISTRATION FORM

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE/HOME: _____ **CELL:** _____

WORK: _____ **EMAIL:** _____

EMERGENCY CONTACT: _____

RELATIONSHIP: _____ **PHONE:** _____

HOW DID YOU HEAR ABOUT US? (Please circle)

Friend Drive by Internet Advertisement Health & Wellness Fair

Referral (Names please) _____ **OTHER:** _____

What are your short and long-term goals with Pilates?

OTHER INTERESTS: (Please circle)

Personal Training Boot camps Weightlifting Cardio Pre/Post Natal Workshops

Sports (specify) _____ **Other:** _____



STUDIO POLICIES

Please initial the following:

_____ Payment is due before services will be rendered. We accept checks or cash, and have EFT payments available via credit card or voided check. Class availability is first come, first serve. **All monthly EFT payments will run on the 25th of the month.**

_____ Greatwood Training Center Membership is suggested if you plan to be in the gym more than once per week. Otherwise, you will be charged the non-member rate.

_____ There is a flat rate charge for class packages, due on the 28th of each month, for the following month. Your package may include a Mat class even if there is a price difference. Mat class may also be used to reschedule a missed class with 24- hours notice. There must be at least two people signed up for the month of classes in order for a class to exist.

_____ **24-HOUR CANCELLATION POLICY: If you are going to miss a scheduled class...with 24 hours notice, we will allow you to reschedule your class or private session. Without 24-hours notice, you will be charged for your missed class or private session. Your 24-hours notice gives someone else an opportunity to reschedule their missed class in your place.**

_____ We do not guarantee you a class to reschedule in. If there is not an open spot in the class you would like to reschedule, you can put your name on the waiting list. When someone else cancels, you will be notified.

_____ Class packages may yield an occasional free class. Free classes are yours to miss or take as a bonus.

_____ Private session and Class packages must be completed within the month, and do not carry over to the next month. No refunds.

(Exceptions: For illness, accident, family emergency or hospitalization beyond your control, we will freeze your payment until you can return.)

Thank you!
Performance Pilates

FITNESS PROFILE

NAME: _____ AGE: _____ BIRTHDAY: ____/____/____
OCCUPATION: _____ HEIGHT: _____ WEIGHT: _____
EMERGENCY CONTACT: _____ PH: _____
PHYSICIAN NAME: _____ PH: _____

MEDICAL HISTORY

These conditions affect your ability to exercise. Please check those that apply to you.

____ High Blood Pressure
____ Heart ailment – Specify: _____
____ Family History of heart disease or stroke: _____
____ Heart Palpitations
____ Chest pains
____ Dizzy spells ____ Fainting: _____
____ Difficulty Breathing or ____ Asthma: _____
____ Hay Fever or ____ Allergies-Specify: _____
____ Shortness of breath from mild exertion: _____
____ Seizures: _____
____ Diabetes- Specify ____ Type I ____ Type II ____ Insulin Dependent: _____
____ Cancer: _____
____ High Cholesterol
____ Osteoporosis: _____
____ Medications currently taking: _____
____ Other: _____

MAJOR SURGERIES: _____

Do you have or have you had any back problems or pain? If yes, please explain. When did it last occur?

Do you have or have you had any problems in muscles, joints, ligaments or tendons? (like Arthritis, calcium deposits, torn muscles, torn cartilage, nerve damage, bone fragments, dislocations, hernias, etc.) Please explain: _____

RELEASE AND WAIVER OF LIABILITY:

MEMBER'S ACKNOWLEDGEMENT OF ASSUMPTION OF RISK AND FULL RELEASE FROM LIABILITY OF THE GREATWOOD TRAINING CENTER AND PERFORMANCE PILATES. Member acknowledges that the Personal Training/Fitness Assessment hereunder includes participation in strenuous physical activities, including but not

RELEASE AND WAIVER OF LIABILITY:

MEMBER'S ACKNOWLEDGEMENT OF ASSUMPTION OF RISK AND FULL RELEASE FROM LIABILITY OF THE GREATWOOD TRAINING CENTER AND PERFORMANCE PILATES. Member acknowledges that the Personal Training/Fitness Assessment hereunder includes participation in strenuous physical activities, including but not limited to aerobic dance, weight training & equipment, stationary bicycling, and Pilates & Pilates equipment (the "Physical Activities"). Member acknowledges these physical activities involve inherent risk of physical injuries or other damages, including, but not limited to heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/lower back/foot injuries and other illness, soreness, or injury however caused, occurring during or after the Members participation in the Physical Activities. Member further acknowledges that such risks include but are not limited to injuries caused by the negligence of an instructor or other person, defective or improperly used equipment, over exertion of a Member, slip and fall by Member, or an unknown health problem of Member. Member agrees to assume all risk and responsibility involved with participation in the Physical Activities. Member affirms that Member is in good physical condition and does not suffer from any disability that would prevent or limit participation in the Physical Activities. Member acknowledges that participation will be physically and mentally challenging, and Member agrees that it is the responsibility of Member to seek competent medical or other professional advice regarding any concerns involved with the ability of Member to take part in the Physical Activities. By signing this Agreement, Member asserts that he or she is capable of participating in the Physical Activities. Member agrees to assume all risk and responsibility for exceeding his or her own physical limits. Member, on behalf of Member, his or her heirs, assigns the next of kin, agrees to fully release THE GREATWOOD TRAINING CENTER, AND PERFORMANCE PILATES (as well as any of its owners, related entities, employees, or other authorized agents, including Independent Contractors) from any and all liability, claims and/or litigation actions that Member may have for injuries, disability or death or other damages of any kind, including but not limited to punitive damages, arising out of participation in the Physical Activities, including but not limited to the Personal Training/Nutritional Program and the Physical Activities, even if caused by the negligence, intentional acts or omissions and/or any other type of fault of THE GREATWOOD TRAINING CENTER AND PERFROMANCE PILATES, it's owners employees or other authorized agents including Independent Contractors.

MEMBER SIGNATURE: **X** _____ DATE: _____

WAIVER & RELEASE: I have read, understood, and completed this document truthfully. Any questions I had were answered to my full satisfaction. I agree that there is risk to any type of exercise and I assure all risk of injury to myself or damage to my property and I acknowledge that I am solely responsible for my health. I, on behalf of myself and my family, successors, survivors, heirs and personal representatives, unconditionally waive, release and discharge my exercise leaders and any person or entity associated therewith, from any and all liability, claims, and demands. Losses, costs, expenses and damages what so ever resulting from injuries sustained by me or damage to my property as a result of my participation in this physical fitness program, including, without limitation, those resulting from act of active, passive or gross negligence.

NAME: _____ **SIGNATURE:** _____ **DATE:** _____
Parent or Guardian (needed if participant is under the age of 18)

Emergency Contact and Information:

NAME: _____ **RELATIONSHIP:** _____ **PHONE:** _____

