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Participant Information

This information will be kept confidential and only used to create a Pilates program for you.

Date_____

First Name_____ Last Name_____

Birth Date_____ Phone_____

Email_____

Address_____

Emergency Contact Name_____ Emergency Number_____

How did you hear about this studio? Who referred you?

Have you had any past training in the Pilates method? If yes, for how long and where?

Please list your current physical activities. How often do you do them?

What do you hope to achieve with Pilates? Physical goals? Semi-Private or Privates Sessions?

Please describe any injuries, conditions, ailments, illnesses and/or surgeries (past & present) that may have an impact on your ability to exercise.

If you are taking any medications, please list the name(s) and side effects.

Are you currently under the care of a therapist or physician? _____

If yes, has your therapist/physician given you any activity restrictions? _____

Do you have or need consent to exercise? _____

Are you currently pregnant? _____

Have you had any of these pre-existing conditions? If yes, please circle & describe below.

Lower back problems Disc problems Numbness or tingling

Hip/knee, ankle, foot issues Osteoporosis Upper back problems

Scoliosis Headaches High/low blood pressure

Shoulder, elbow, hand issues Tendon/ligament/muscle sprains or strains

Neurological conditions (MS, etc.) Car accident resulting in injury Neck problems

Abdominal surgery (hysterectomy) or hernias Sciatica Dizziness/vertigo

Are there any other pre-existing conditions that you would like to list? If you need more room, please attach sheet.

It is advisable that you first consult with your physician/therapist about any injuries or existing medical issues before enrolling in a Pilates program.

Studio Policies

- All sessions require preregistration and mobile phones must be turned off or silenced.
- For your safety, please do not chew gum during your session.
- Childcare is not provided. For their safety, they cannot be left unattended.
- Due to participants who may have sensitivity to smell, please do not wear perfume or overly scented products to class sessions.
- Sessions are 30 - 55 minutes in length (unless noted). Please be on time! The session will not be extended. For semi-private sessions, if you are more than five minutes late you might not be able to join the session. It is a disruption to the class and you will have missed the warm-up. If you are more than 15 minutes late and we have not heard from you, it will be considered a no-show/late cancellation.
- We have an industry standard 24-hour cancellation policy. Please cancel online at least 24 hours in advance of your appointment to avoid being charged the price for the missed session. No exceptions.
- Packages are non-refundable and non-transferable. Prices are subject to retail sales tax (10%).
We understand that issues come up (last-minute obligations, child care issues, sickness) but we feel it is unfair to draw an arbitrary line of who deserves to not be charged the price of the missed session and who does not. Therefore, the uniform policy of no refunds is in place.
- Angelina Pilates, LLC accepts cash and all credit cards.

- With any injury or disability, you should check with your doctor before starting any new exercise program. Once cleared by your doctor, you can take Pilates but it is not recommended to take group classes. With an injury or disability, an instructor will need to modify the exercises and tailor the workout specific to your needs. In a group class, the instructor has more bodies to attend to and the instructor's attention is split between you and the rest of the class. For your safety and to protect your body, plan to take private sessions until otherwise noted from your instructor. However, there is no guarantee that one will transition from a private into a group class. Pilates has been used as a physical therapy technique, however Angelina Kidd & staff are not physical therapists and do not claim to rehabilitate injuries and disabilities. If you currently take Semi-Private sessions and arrive for a class with an injury or disability, you may be required to switch from Semi-Private group classes to Private sessions after you have been cleared for exercise by your doctor.

I have read the above polices. I fully understand and agree to them. I have also completed the above participation information sheet to the best of my ability.

Signature _____ Date _____

PLEASE READ CAREFULLY!

THIS IS A RELEASE AND WAIVER OF CERTAIN LEGAL RIGHTS.

Participant understands that Pilates involve physical exertion, can be strenuous, and that injuries may occur when participating in such activities. Participant accepts and assumes the risks associated with Pilates, including, but not limited to, equipment malfunction or failure, overexertion, inability to perform suggested exercises or maneuvers, physical or mental conditions that impede the ability to properly perform suggested exercises or maneuvers, failure to properly operate equipment, and failure to follow instructions. Participant hereby freely and expressly assumes all risk of property damage, injury, and death associated with Pilates.

Participant understands that it is his/her responsibility to consult with a physician prior to and regarding participation in Pilates. Participant represents and warrants that he/she has no physical or mental condition that would prevent full participation in Pilates. Participant agrees to inform his/her instructor immediately of any physical or mental condition that would prevent his/her full participation in Pilates. In consideration for participation in Pilates, receiving instruction in a group, private or semi-private lessons, and using the equipment and facilities, Participant hereby agrees to release, hold harmless, and indemnify Angelina Pilates, LLC and its owners from any and all claims by or on behalf of Participant against Angelina Pilates, LLC arising directly or indirectly out of Participant's participation in Pilates, use of any Angelina Pilates, LLC equipment or facilities, and participation in any class offered by Angelina Pilates, LLC. This release includes claims and liabilities arising from any cause whatsoever, including, but not limited to, negligence on the part of Angelina Pilates, LLC. This release is binding upon Participant, and Participant's heirs, assigns, and legal representatives.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signature _____ Date _____

Print Name _____

If signing on behalf of a minor Participant, Parent/Guardian accepts full responsibility for any medical expenses incurred due to the minor's participation in Pilates and agrees to release, hold harmless, and indemnify (including costs and attorney's fees) Angelina Pilates, LLC for any claims brought by or on behalf of the minor.

Parent/Guardian Signature _____ Date _____

Print Name _____

Physical Activity Readiness Questionnaire (PAR-Q)

PAR-Q is designed to help you help yourself. Many health benefits are associated with regular exercise, and the completion of PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life. For most people, physical activity should not pose any problem or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them. Common sense is your best guide in answering these few questions. Please read them carefully and answer "yes" or "no" next to the question if it applies to you.

1. Has your doctor ever said you have heart trouble?
2. Do you frequently have pains in your heart and chest?
3. Do you often feel faint or have spells of severe dizziness?
4. Has a doctor ever said your blood pressure is too high?
5. Has your doctor ever told you that you have a bone or joint problem, such as arthritis, that has been aggravated by exercise or might be made worse with exercise?
6. Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to?
7. Are you over the age of 65 and not accustomed to vigorous exercise?

IF YOU ANSWERED YES TO ONE OR MORE QUESTIONS

If you have not recently done so, consult with your personal physician by telephone or in person BEFORE increasing your physical activity and/or taking a fitness appraisal. Tell your physician what questions you answered yes to on PAR-Q, or present your PAR-Q copy. After medical evaluation, seek advice from your physician as to your suitability for unrestricted physical activity starting off easily and progressing gradually restricted or supervised activity to meet your specific needs, at least on an initial basis.

IF YOU ANSWERED NO TO ALL QUESTIONS

If you answered PAR-Q accurately, you have reasonable assurance of your present suitability for:

- a graduated exercise program (A gradual increase in proper exercise promotes good fitness development while minimizing or eliminating discomfort.)
- a fitness appraisal
- Postpone exercise if you have a temporary minor illness, such as a common cold.