

Client Equipment Pilates Intake Form

Please print



NAME:			DATE:	
ADDRESS:		CITY:	STATE:	ZIP CODE:
PREFERRED PHONE:	SECONDARY PHONE:		EMAIL:	
EMERGENCY CONTACT:		EMERGENCY PHONE:		
OCCUPATION:			DATE OF BIRTH:	
HOW DID YOU HEAR ABOUT ALIGN FITNESS?				

Thank you for providing the following information. Your privacy is important to me. The information you give to me is confidential and meant only to be used as an aid in determining a safe and effective workout for you.

Do you have any recent or current injuries, aches or pains? Old injuries that still affect you?
Do you have any other health conditions or concerns, i.e. diabetes, scoliosis, spinal disc issues, osteoporosis/penia? Medications currently taking:
Are you presently under other kinds of therapy? E.g. massage, physical therapy, chiropractic
Are you or have you been active in any sports, exercise programs, physical activity? Please describe type and frequency
What does your typical day involved physically? E.g. sitting at a computer, lifting, standing for long periods
Do you have any past training in Pilates? If yes, where and what is your experience?
What are your goals? What do you want from your Pilates/fitness workout?
Is there anything else you'd like your Pilates instructor to know?

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EQUIPMENT SESSION AND GROUP CLASS CANCELLATION POLICY*

Life gets in the way sometimes. With that in mind, Align Fitness will not charge the standard, full session price for late cancellation. If an appointment is cancelled with less than 24 hours a reduced fee of \$35 will be charged and deducted from your prepaid Align Club card. **A No-Show will result in the full session charge for equipment sessions only.** Group Classes are available on a first-come-first-served basis, no appointment necessary. All Club cards are non-refundable and expire in 3 months from date of purchase. No exceptions will be made, please do not ask. Late arrivals will be subject to a shortened session in terms of time only and not a reduction in price.

SIGNATURE _____ DATE _____

***Align Fitness of Holland reserves the right to institute changes to all its policies and procedures at any time without notice**

ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

I, _____, understand that participation in the Align Fitness of Holland's exercise sessions presents some unavoidable risk of injury, especially to people who have pre-existing injuries, illness, or other medical conditions, which I assume. I understand that the use of the Pilates equipment, weights, and other apparatuses, also carry with them a risk of injury, which I assume.

I understand that a medical evaluation is advised before starting any exercise program. It is my responsibility to consult with a physician prior to and regarding my participation in equipment Pilates and fitness classes at Align Fitness of Holland. I have and will continue to keep my instructor(s) fully informed of any physical condition or disability that might prevent or limit my participation in an exercise program.

I acknowledge that Align Fitness of Holland, its owners, managers, affiliates, contractors, employees, and agents, are not engaged in diagnosing, or treating medical disease or deficiencies, and I expressly assume all risks of my participation in the exercise programs at Align Fitness of Holland conducted by the abovementioned. I waive any claim which I might otherwise bring against Align Fitness of Holland, its owners, managers, affiliates, contractors, employees, or agents, as a result of injuries resulting from or relating to my participation in Align Fitness of Holland's programs. Pilates and/or an exercise program is not appropriate or effective for everybody at all times. Therefore, I understand that the owners, managers, affiliates, contractors, employees, or agents at Align Fitness of Holland reserve the right to refuse service to anyone at any time regardless of the amount of time spent in an exercise and/or Pilates program.

Align Fitness of Holland, its owners, managers, affiliates, contractors, employees and agents, shall not be responsible or liable for any articles lost, stolen, or damaged in or about the studio.

I hereby expressly release and discharge Align Fitness of Holland, its owners, managers, affiliates, contractors, employees, or agents, from all claims, actions, judgments and the like damage which may occur in connection with my participation in the fitness program, currently and at any time in the future.

SIGNATURE _____ DATE _____