



## Pilates Registration Form

Welcome to Pilates at Pacific Balance. Please take a few minutes to fill out this form. All information will be kept confidential.

Name \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_

Home Phone Number \_\_\_\_\_ Mobile Phone  
Number \_\_\_\_\_

Email: \_\_\_\_\_ Birth Date: \_\_\_\_\_

\_\_\_\_\_

Occupation:

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact/Relationship:

\_\_\_\_\_

Emergency Contact's Phone:

\_\_\_\_\_

Do you have any injuries, aches, pains, or health conditions? Please describe.

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What fitness and health goals do you wish to achieve through Pilates?

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How did you hear about Pilates at Pacific Balance? (If referred by a friend, please state their name)

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Which Social Media site(s) do you actively participate in?

Facebook     Twitter     Yelp     Kudzu  
 Angie's List

Groupon     Living Social     Other (Please List)

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What other classes/services would you like offered at Pacific Balance?

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Referral Program

Referring a friend to our Pilates class is such a compliment. To show our appreciation, we offer you one free Pilates class for every friend you refer.

The Front Desk will keep track of any free Pilates classes you have accumulated thanks to your referrals.

## Liability Waiver and Informed Consent Release

- I have enrolled in a Pilates-based physical conditioning class/program at *Pacific Balance and Rehabilitation Clinic*.
- I understand that participating in a Pilates-based exercise and training program presents some unavoidable risk of injury especially to persons who have pre-existing injuries, illness or medical disabilities.
- I also understand that use of exercise equipment also holds a risk of injury.
- I have and will continue to keep my instructor informed of any physical condition or disability that would prevent or limit my participation in any exercise or physical training program.
- I understand that a medical examination is advisable before starting any exercise or physical training program.
- I assume all risks of my participation in Pilates-based fitness instruction, training and conditioning. I hereby agree to release and hold harmless *Pacific Balance and Rehabilitation Clinic* or my instructor *Karin Townson* for any injury or accident related to my participation in the Pilates-based conditioning class/program.
- *Pacific Balance* and my instructor shall not be held responsible for any articles lost, stolen or damaged in or about the clinic.

Signature of participant \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

Printed name of participant \_\_\_\_\_