

KW PILATES

Registration for Private & Group Classes

Name: (print) _____

Mailing Address: _____

Postal Code: _____

Phone Number: (H) _____

(W) _____

(C) _____

Email Address: _____

Whom to contact in case of emergency: _____

Phone # : _____

Registering for: Session (circle): Fall Winter Spring Summer Year _____

Class Level (circle): Level 1 2 3, Stability 2 3, Private,
Semi Private Other _____

Day(circle): Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Class Time: _____ am/pm

Amount Paid: _____

Method of Payment: Cash / Cheque

How did you hear about KW Pilates? (circle) Family member, Friend, Website,
Health Care Provider (Name _____), Yellow Pages, Phone Guide
Princess Cinema Screen ad, Princess flyer ad, Waterloo Rec Guide, Flyer,
Other _____

Would you be interested in being on KW Pilates Mailing List for announcements of
upcoming events and possibly a newsletter? (circle): Yes No
(If yes, please make sure your email address is listed above).

What is your reason(s) for starting a Pilates-based training program?

MEDICAL HISTORY AND CONSENT

This information will be treated confidentially.

Name (Print) _____ Date _____

Please CIRCLE YES to any of the following conditions you have or have had in the past:
CIRCLE NO if it does not apply.

- Heart attack, heart disease, cardiac surgery (yes/no)
- Asthma or other respiratory ailment (yes/no)
- Migraines or recurrent headaches (yes/no)
- Neurological or muscular disorders e.g. Multiple Sclerosis (yes/no)
- Arthritis (yes/no), Rheumatoid() Osteo() Other()
- Light-headedness or fainting (yes/no) Swollen, stiff or painful joints (yes/no)
- High blood pressure (yes/no) Low blood pressure (yes/no)
- Stroke (yes/no) Bursitis (yes/no)
- Diabetes (yes/no) Kidney Disease (yes/no)
- Hernia (yes/no) Osteoporosis (yes/no)
- Epilepsy or seizure (yes/no) Anemia (yes/no)
- Accidents/Fractures/Dislocations/Joint Problems (yes/no)

If you marked yes to any of the above please write the details in the space provided or on the back of this sheet. Please include details of any medication you might be taking and whether there are any side effects, as these could influence your performance in class or the type of class you should receive.

Are you pregnant now, or have you been in the past 3 months? Yes No

Have you had surgery or been hospitalized in the past two years? Yes No
If Yes please specify _____

Do you have any injury or problem area e.g. neck, shoulder, low back? Please give details, including current treatment.

Do you have any conditions, illness, disease or any other medical condition not outlined above, as this may affect either your performance in class or the type of class you should receive. Yes No If Yes please specify _____

INFORMED CONSENT AGREEMENT LIABILITY RELEASE

I consent that the above information is correct and understand that it will remain confidential except for the exchange of necessary information between instructors who may teach me.

I understand that if I have not participated in an exercise program for some time or have an underlying condition, I should consult my medical practitioner before I begin.

I, _____
(print name clearly)

have enrolled in a program of physical activity offered by KW Pilates that may include cardiovascular conditioning, and possibly the use of various conditioning machinery. The program may also include strength and flexibility training using weight bearing equipment and techniques. I hereby affirm that I am in good physical condition and do not suffer from any disability, physical ailment, or taking any medication that would cause me harm or limit my participation in this exercise program

Should there be any change in my condition or medication, I shall inform the instructor accordingly and prior to class. I will inform the instructor and stop immediately should I feel dizziness, pain or any feeling that may suggest an exercise is causing me a problem.

I fully understand that I may injure myself as a result of my participation in this exercise program, and I hereby release KW Pilates from any liability now or in the future including, but not limited to, heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/hip/lower back/ foot injuries, and any other illness, soreness or injury, however caused, occurring during or after my participation in the exercise program. Should I become unconscious, I give permission for the instructor to arrange medical treatment for me at

_____ hospital.

I agree not to attend class while under the influence of recreational drugs or alcohol.

Whom to contact in case of injury: _____

Contact's telephone: _____

Signed _____ Dated _____