



CORRINE FUENTES *Pilates*

Client Informed Consent Form

I, _____, have enrolled in a program of physical activity offered by CORRINE FUENTES Pilates that is based primarily in the Pilates Method of Conditioning. It may include cardiovascular conditioning such as power walking, jogging, and possibly the use of various aerobic conditioning equipment. 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.

I acknowledge having been advised to consult a doctor prior to commencing this exercise program.

In consideration of my participation in CORRINE FUENTES Pilates programs, I, _____, for myself, my heirs and assigns, hereby release CORRINE FUENTES Pilates (its employees and owners), from any claims, demands, and causes of action arising from my participation in the exercise program.

I fully understand that I may injure myself as a result of my participation in a CORRINE FUENTES Pilates movement and exercise program, and I, _____, hereby release CORRINE FUENTES Pilates from any liability now 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.

I hereby affirm that I have read and fully understand the information above.

Signature

Date

Printed Name



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Client Information and Registration

Name: _____

Date of 1st class: _____

Date of Birth: _____ Gender: _____

How did you hear about us?

Mailing Address: _____

☐ Print Ad

City: _____ Apt #: _____

☐ Street Sign

State: _____ Country: _____ Zip: _____

☐ Website/Internet Search

Home Phone: _____

☐ Healthcare Provider

Work Phone: _____

☐ Friend

Cell Phone: _____

☐ Other

Email: _____

Would you like to be added to our email list? ☒ Yes ☒ No

Person to contact in case of emergency: _____

Relationship to contact: _____ Phone Number: _____

Medical Information:

(please check all that apply)

☐ Back problems

☐ Epilepsy or seizures

☐ Osteoporosis

☐ Blood pressure problems

☐ M.S.

☐ Migraines or recurrent headaches

☐ Arthritis

☐ Swollen, stiff, or painful joints

☐ Computer related injuries

☐ Lightheadedness or fainting

☐ Balance problems

☐ Asthma

☐ Medications

☐ Stomach or intestinal problems

☐ Allergies

☐ Hemia

☐ Heart attack, heart disease, cardiac surgery

☐ Bursitis

☐ Diabetes

☐ Other

Please specify any conditions checked: _____

Please list any surgeries you've had along with date, nature of surgery, and when you were released by your doctor to do physical activity: _____

Are you presently engaged in regular exercise or physical activity? If yes, please list activity, duration, frequency, and intensity: _____

Have you had a recent medical examination? Were the results satisfactory?: _____

How would you describe your eating habits? ☐ Excellent ☐ Good ☐ Fair ☐ Poor

How would you characterize your lifestyle? ☐ Highly Stressful ☐ Moderately Stressful ☐ Low in Stress

How would you describe your sleep patterns? ☐ Excellent ☐ Good ☐ Fair ☐ Poor



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Attendance Policy

Group Classes

Package sessions are purchased on or before the first class of each month. With 24 hour notice of cancellation, you may schedule a make-up session in another class during that month. If less than 24 hours notice is given, you will be charged for the session. Because of limited space, one make up per month will be accepted.

You may not carry classes into the next month in the form of a credit towards your next month's classes. Pre-paid classes cannot be exchanged for privates.

I will do my best to hold classes as scheduled. In the event of a personal illness or emergency on my part, you will be given the option to make-up the class or receive a credit.

Private and Semi-Private Sessions

Private and Semi-private appointments must be pre-paid.

Private and semi-private packages expire 3 months after date of purchase.

24 Hour notice required for private and semi-private session cancellations.

If less than 24 hours notice is given, you will be charged for the session.

Reminders

- * Please sign in every time you attend a class
- * Please remove shoes upon entering the studio
- * Please turn off cell phones
- * Because sometimes classes run back to back and space is limited, please arrive no earlier than 10 minutes before your scheduled class.
- * Candy and gum create choking hazards, and are tough to remove from mats and carpeting, please dispose of before class.

Signature

Date