

## CLIENT PROFILE

Full Name \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth (MM/DD/YY) \_\_\_\_\_

Emergency Contact /Relation \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear about Alma Pilates? \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

## HEALTH HISTORY FORM

Do you have any injuries, aches, pains, or health concerns? Are they current or past?

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### Please check any that may apply:

- |  |                                       |   |                                    |  |                                    |
|--|---------------------------------------|---|------------------------------------|--|------------------------------------|
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Asthma       | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Vertigo   | <input type="checkbox"/> Seizures        | <input type="checkbox"/> Fractures |
| <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Joint Problems | <input type="checkbox"/> Back Pain | <input type="checkbox"/> Night Pain      | <input type="checkbox"/> Surgeries |
| <input type="checkbox"/> Chronic Illness     | <input type="checkbox"/> Scoliosis    | <input type="checkbox"/> Muscle Cramps  | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Chronic Fatigue | <input type="checkbox"/> Diabetes  |

Explain (including dates if applicable):

Do you have any other health concerns you'd like to share?

Are you presently doing 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 involve physically? E.g. sitting at computer, lifting, standing for long periods...

Do you have any past training in the Pilates method of movement?  
If yes, where, when and what is your experience?

What are your goals? What do you want most from your Pilates experience?

Is there anything else you'd like your Pilates instructor to know?



### **ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY**

I understand that I, \_\_\_\_\_, will be participating in a fitness program through Alma Pilates that will require physical exertion. Before beginning this program, I was asked by my instructor whether I have any physical limitations, or whether I am taking any medications or receiving any medical treatment that might make it unsafe for me to participate in this fitness program. There is no such limitation, medication, or medical treatment other than those I have written on the attached sheet. I understand that, by signing this statement, I am agreeing to not hold Alma Pilates or any of its employees, apprentices, instructors in training, owners, agents, or insurers responsible for any bodily injury or property damage that may suffer as a result of my participation in a fitness program through Alma Pilates. As such, I understand and agree that Alma Pilates, its employees, apprentices, instructors in training, owners, agents, independent contractors, or insurers shall not be liable for any bodily injury or property damage that may result either directly or indirectly from my participation in a fitness program through Alma Pilates.

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_

### **CANCELLATION POLICY**

As a courtesy to our staff and clients we have a 24-hour cancellation policy. It is each client's responsibility to cancel the class or appointment at least 24 hours in advance to avoid cancellation fee. Failure to provide the required notice will result in your account to be charged as if you have attended the class or appointment. Please understand that we must enforce this policy strictly. We thank you for your cooperation!

I understand the terms of this form. I agree to be financially responsible for cancellations made less than 24 hours prior to the service or no shows. I authorize Alma Pilates to charge my account in the event of a cancellation or no show. For my own safety and wellness, I also understand that if I arrive 15 minutes late, I may not receive the service but will be charged.

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_

### **OTHER STUDIO POLICIES**

Adequate athletic attire is required. We request that no street shoes are to be worn on our main work-out room • For your safety, non-skid socks to be worn for our Pilates classes • Please, turn off all your electronic devices and cell phones • As a courtesy, please show up on time so that you won't interrupt the class. After 15 minutes you might not be able to join the class • All packages are non-refundable • Class Waiting list: If a class is full, you can still sign up (up to 2 maximum). If a cancellation occurs prior to the 24-hour cancellation mark, you will get an email or text letting you know you made it into the class.

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_

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