

Foxboro Pilates & Myofascial Release Waiver _____ Date _____

Client Information (please print clearly)

Name _____ Address _____

Town _____ State _____ Zip _____

Home phone _____ Cell _____

Age _____ Occupation _____ DOB _____

Email (print clearly) _____

How did you hear about us? _____

Interested in Pilates _____ Myofascial Release _____ Both _____

HEALTH HISTORY (check all that apply)

____ recent surgery or injury _____

____ heart attack or stroke

____ diabetes

____ medications_

____ hypertension (high BP)

____ blood clots

____ back or neck pain

____ arthritis

____ scoliosis

____ pre-natal or post natal # of months _____

Service Policy, Payments and Cancellations

- Cancellation: A 24 hour notice is required to avoid being charged for the class.
- Payments accepted CASH, CHECK, CREDIT CARDS. Payment due a the time class is booked.
- Class packages are non-refundable and must be used by 60 day expiration date.
- An MD note is required to return to class after a lengthy illness or injury.

COVID-19 Policy:

- Masks are optional.
- Place all personal items in bin and sanitize hands and wipe down equipment.
- Please monitor your health daily and reschedule class if feeling ill the day before.