

Name \_\_\_\_\_

Age \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

**Help us help you get the most out of your Pilates class; tell us about the following:**

1. Have you been diagnosed with any medical condition that we should be aware of (heart condition, diabetes, cancer, auto-immune disorder, arthritis, etc.)? If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Do you have any joints that bother you or have bothered you in the past (neck, back, shoulders, elbows, wrists, hands, hips, knees, ankles, feet)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Tell us about any accidents, strains, sprains, broken bones, or surgeries you have had, no matter how old you were or how insignificant you might think it was/is. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. Are you taking any medications? If yes, please list. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Health and Wholeness asks that you get written permission from a doctor before participating in Pilates classes. If you choose not to get written permission from a doctor, by signing below you acknowledge that we have asked you to do so, and you also assume the risks for any injuries arising from undertaking any and all exercises due to a known or unknown medical condition. By signing you also acknowledge that you understand all forms of exercise have inherent risks, you accept that risk, and that will not hold Health and Wholeness responsible for any injuries resulting from your participation in Pilates class.

Signature: \_\_\_\_\_

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