

# HAMILTON PILATES NEW STUDENT FORM

Welcome! How were you referred to us? \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Home/Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_ Ht. \_\_\_\_ Wt. \_\_\_\_ Occupation \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Have you ever had any musculoskeletal pain, injury or surgery?  
(Discs, Arthritis, Tendonitis, Bursitis, Joint Replacement etc. Include: sports, auto and work injuries)

Has a doctor ever diagnosed you with a chronic disease, such as:  
(Please Circle) • Coronary Heart Disease • Emphysema • Cystic Fibrosis • Osteoporosis / Osteopenia  
• Fibromyalgia • Chronic Fatigue • Hypertension • Diabetes • MS • Thyroid Disease • High Cholesterol?  
(If yes, please explain) \_\_\_\_\_

Asthma / Allergies (Do you carry an inhaler?)

Are you taking any medication? Including HRT, fertility, etc.

Pre/Post Natal? C-Section(s)? (Dr. release needed if pregnant)

Scoliosis – Type of curvature?

Cancer / Type – Active or Remission? If remission, how long?

Is there any other condition that we may need to be aware of to safely lead you in an exercise program?

## What are your fitness goals?

• Weight Loss • Increase Flexibility • Improve Posture • Abdominal/Lower Back Strength  
• Stress Reduction • Energy Gain • Injury Recovery • Improve Technique • Gain Strength  
Other \_\_\_\_\_

Do you currently exercise on a regular basis?  Yes  No

If yes, please describe your current workout program and frequency:

Has any exercise program had any positive or negative effects on your body?

What recreational activities do you partake in? \_\_\_\_\_

*I am aware that Hamilton Pilates inc. is here to serve me by sharing knowledge of Pilates and health. I understand that the practice of Pilates involves physical movement and exercise, which may at times be strenuous, and that such practice carries some risk of injury. I also understand that I must judge my own capabilities with respect to practicing Pilates at Hamilton Pilates and have the right and obligation to terminate any exercise if I feel it is inappropriate for my abilities and me. By my participating in classes or activities at Hamilton Pilates I agree to take full responsibility for not exceeding my limits in the practice of Pilates, for selecting the appropriate level of classes taught at Hamilton Pilates, and for any injury I might suffer in the practice of Pilates. I acknowledge that it is my responsibility to inform the instructor immediately if an injury occurs during class. I understand that during classes at Hamilton Pilates instructors may physically adjust students' form. If I do not want such physical adjustments, I will so inform that instructor at each class I attend. I hereby waive and release any claim that I might have at any time for injury of any sort against Hamilton Pilates inc. or any person or entity in any way involved therewith, including without limitations its principals, instructors, employees, agents and representatives.*

### **Studio Policies**

- All sessions are approximately 55 minutes long and begin at the appointment time, not at time of arrival
- All sessions/packages must be paid for in advance or at time of arrival for first session
- A minimum 24-hour notice of cancellation is necessary to avoid being charged for your session
- Cancellations may be made online, by email ([keely@hamiltonpilatesinc.com](mailto:keely@hamiltonpilatesinc.com)) or by voicemail (415-747-8249) anytime
- Please do not attend class if you are ill or contagious for the welfare of others
- All packages expire 6 months from purchase and are not transferable, refundable or interchangeable
- 'Special Offers' apply to designated classes only and are not transferable
- Prior to your first duet a private session with assessment is required
- If your duet partner fails to show for class you can have a 30-minute private lesson or use 2 duet credits for a full length private session
- Studio reserves the right to assign a substitute teacher
- No open studio policy – no use of any machines or props while unattended by an instructor
- Appropriate attire must be worn Ex: yoga pants, bike shorts, or sweats
- No cell phones, pets or children in the studio
- Please arrive perfume and fragrance free
- Please notify us of any changes in your health / medical condition
- Group format is not permitted for participants with injuries or requiring specific rehabilitation, rather privates are required until injury has resolved or proficiency is achieved at the discretion of the trainer
- Insurance billing is not available – receipts for services gladly provided

I have carefully read, fully understand and agree to the above.

Date \_\_\_\_\_ Print \_\_\_\_\_ Signature \_\_\_\_\_

*If under 18 years of age:*

As legal guardian of \_\_\_\_\_ I consent to the above conditions (signature) \_\_\_\_\_