



Pilates Studio
Registration and Evaluation Form

Client Name: \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

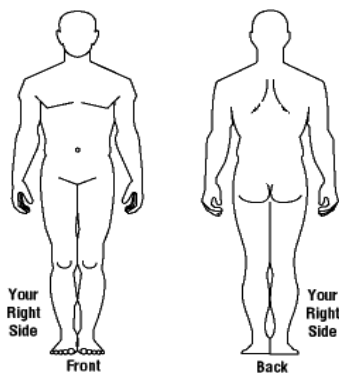
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

E-mail \_\_\_\_\_

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

- 1. Please help us understand your physical background. Describe relevant injuries, problems, physically related illnesses or ailments, and those treatments by physicians or others which are related to these issues. Please indicate on the diagram below body areas (show Right and Left) which are involved.



- 2. Do you have arthritis? Have you consulted with your physician, and do you have his or her consent to start a new exercise program? Are there any movements or positions you need to avoid or any other restrictions due to your arthritis?

Four horizontal lines for writing the answer to question 2.

- 3. What is your present physical condition? Are you currently taking medication?

Two horizontal lines for writing the answer to question 3.

- 4. Describe sports and other physical fitness (exercise) programs in which you participate or enjoy.

Two horizontal lines for writing the answer to question 4.

5. What do you hope to achieve in the way of fitness or general health improvements through Pilates sessions.

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6. Have you been referred to Pilates by a chiropractor, doctor, physical therapist or massage therapist?

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7. How did you learn about Ballet Austin's Pilates Center?\_\_\_\_\_

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### **Pilates Liability Waiver/Release**

Please read carefully before signing. This is a release of liability and waiver of certain legal rights.

I \_\_\_\_\_, the enrolled participant and/or the parent/guardian of the participant agree and understand that Pilates Training is a potentially hazardous activity. I recognize that there are risks inherent in dance training including but not limited to serious physical injury. The participant hereby agrees to participate in activities of the Butler Community School and Pilates Center and hereby agrees to indemnify and hold harmless Ballet Austin, its instructors, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in activities of the Butler Community School and Pilates Center. The participant also agrees to indemnify Ballet Austin for any damages incurred arising from any claims, demand, action or course of action by the participant.

The participant authorizes any representative of Ballet Austin to have the participant treated in any medical emergency during their participation in activities of the Ballet Austin Butler Community School and Pilates Center. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant. **Any special medical/health problems of which the Pilates staff should be aware are attached to this form.**

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENT AND SIGNIFICANCE.

\_\_\_\_\_  
Client's name (please print)

\_\_\_\_\_  
**Client's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Parent/Guardian Name (if participant is under 18) (please print)

\_\_\_\_\_  
**Parent/Guardian Signature** (if participant is under 18)

\_\_\_\_\_  
**Date**

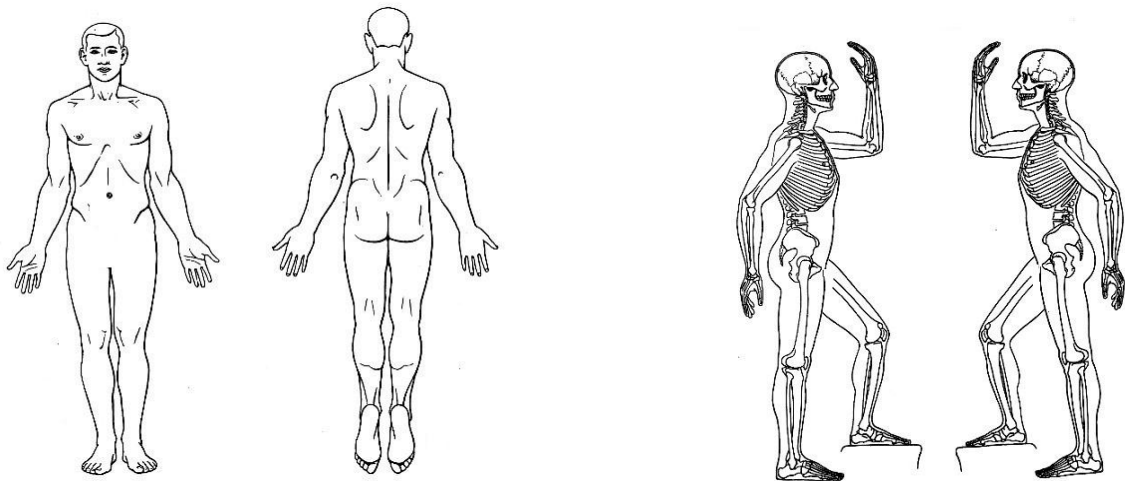
## Cancellation Policy

Please give 24 hours notice for cancelled or rescheduled appointments. If unable to make your appointment, please give at least 24 hours notice to avoid being charged the amount of the session reserved.

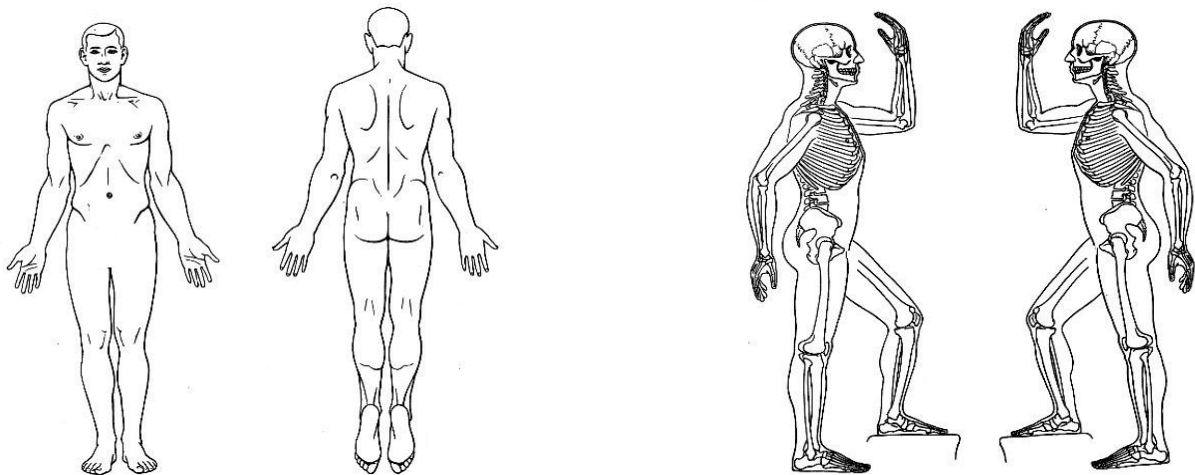
**I understand that if 24 hours notice is not given, I will be charged the amount of the session reserved.**

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

### Postural Alignment



### Dimensional Analysis



Client Complaints:

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Trainer's Observations:

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Comments and Recommendations:

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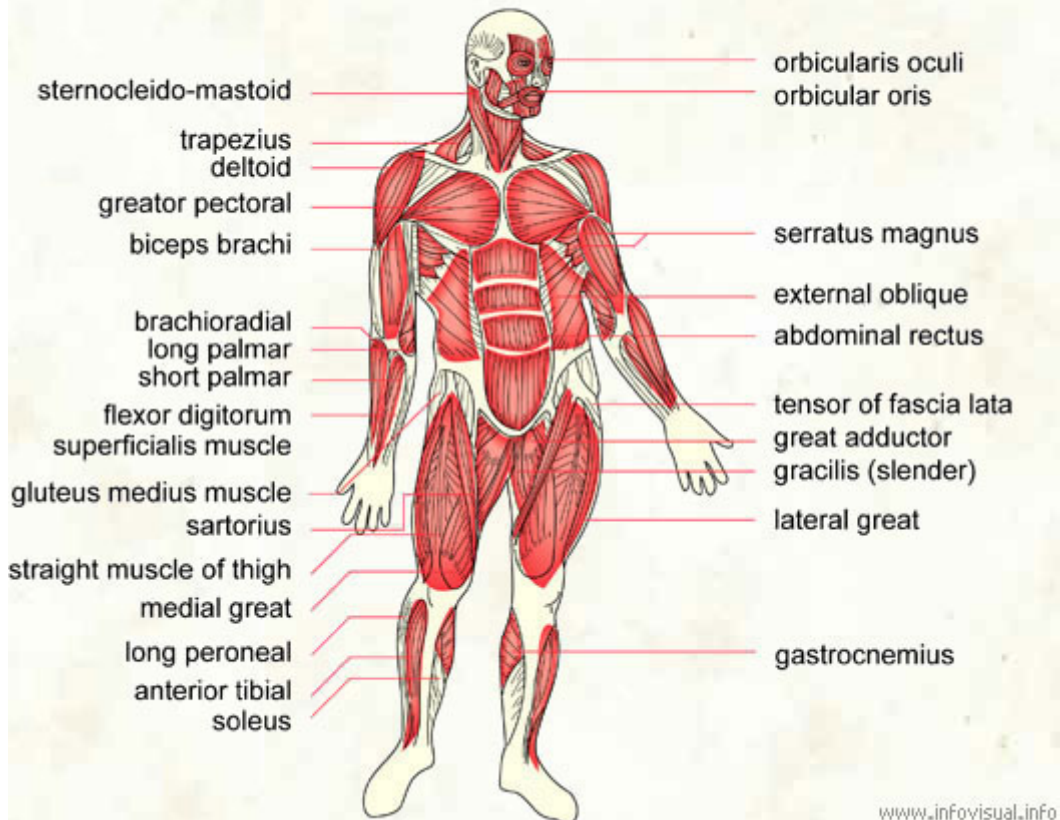
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## MUSCLES (anterior view)



## MUSCLES (posterior view)

