



Date: _____

Pilates Client Information Form

Personal Information

Name: _____ Date of Birth: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: (cell) _____

(home) _____ email: _____

How would you like to be contacted: (Please check) Email [] Text [] Phone []

In case of emergency: _____ Phone: _____

How did you hear about our studio? Who referred you to us? _____

Medical Information and History

**Please select Yes or No and explain Yes answers on back of this form:*

- 1) History of heart problems, chest pain or stroke Yes [] No []
- 2) Increased blood pressure Yes [] No []
- 3) Is your doctor currently prescribing anything for blood pressure or heart condition Yes [] No []
- 4) Any chronic illness or condition Yes [] No []
- 5) Difficulty with physical exercise Yes [] No []
- 6) Advice from physician not to exercise Yes [] No []
- 7) Recent surgery (last 12 months) Yes [] No []
- 8) Pregnancy (now or within the last 3 months) Yes [] No []
- 9) History of breathing or lung problems Yes [] No []
- 10) Muscle, joint or back disorder or any previous injury still affecting you Yes [] No []
- 11) Do you know of any other reason why you should not do physical activity Yes [] No []

List regular exercise or any past Pilates training:

Are you presently doing other kinds of therapy? i.e. massage, physical therapy, chiropractic:

What is your occupation? What does your typical day involve physically? i.e. sitting, lifting:

What are your goals? What do you want most from this program:

I, the undersigned applicant, for an in consideration of the benefit to be derived by participation in Eclipse Wellness Pilates program release its agents, representatives, and staff from any and all liability and responsibility for injury, illness, sickness or death which may result from participation in the Pilates classes or programs elected, and do hereby further agree to indemnify and hold Eclipse Wellness its agents, representatives and employees from any and all liabilities in such regard

Applicant's Signature: _____ Date: _____

We appreciate your business!



Policy Form

- Pilates sessions are 50 minutes in length
- All sessions must be cancelled within 24 hours to avoid being charged
- All packages are non-refundable and non-transferable and expire within 12 months
- For a guaranteed weekly time slot(s), a package should be purchased. If not, we require a credit card number on file
- Weekly appointment slots may be lost after three missed appointments
- Sessions dates / times are subject to change with minimum 24 hours advanced notice

Studio Etiquette

- Please refrain from use of heavy perfumes within studio for consideration of allergies sensitive clients and/ or instructors
- Please refrain from eating or chewing gum for safety consideration during session
- Please refrain from wearing clothes with zippers for consideration of equipment quality
- Children are welcome in the studio during session time if necessary, however we request that the child not play on or near the equipment for safety consideration

I understand and acknowledge the policies of Eclipse Wellness.

Printed Client Name

Signed Client Name

Date