



Pilates Studio of Fairfield, LLC

Client Information Form

Welcome to the Pilates Studio. It is our mission to empower you to be in control of your own health and well being through the Pilates Method. To better serve your health and fitness needs, we ask that you please take a few minutes to complete this form. Thank you.

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell phone _____

Birth Date _____ Occupation _____

EMAIL ADDRESS: _____

Emergency contact: _____ Telephone: _____

VISA/Mastercard # _____ Exp. _____

Note: This information will be kept strictly confidential. You will be notified if your credit card has been charged for a late cancellation fee. If you cancel within 24 hours, your card will not be charged.

What specific fitness or health goals do you hope to achieve through the Pilates Method?

List all previous and current activities and describe current physical condition

Describe your physical history, including injuries, ailments, illnesses, surgeries, pregnancies, and any significant medical treatments. Check all body parts that are involved. Where appropriate, please specify right or left.

_____ Head _____ Arm/hand _____ Low back _____ Hip/pelvis

_____ Neck _____ Upper back _____ Ribs _____ Knee

_____ Shoulder _____ Mid back _____ Abdomen _____ Ankle/foot

How did you find out about the Pilates Studio? If applicable, include your referring doctor/chiropractor/physical therapist/massage therapist, etc.



Pilates Studio of Fairfield, LLC
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Waiver of Liability and Informed Consent Release

Cancellation Policy: I understand that if I must cancel a scheduled appointment, I must notify the Pilates Studio of Fairfield, LLC at least **24 hours in advance or I will be held responsible for payment in full.**

I have enrolled in a program of instruction in the Pilates Method of physical conditioning offered by the Pilates Studio of Fairfield, LLC. I have been advised and I understand that participation in Pilates Method exercise and conditioning activities, like any physical conditioning activity or exercise program, presents some unavoidable risk of injury, especially to people who have pre-existing injuries, illness or medical disabilities. I understand that the use of exercise equipment also carries with it a risk of injury, I recognize that many changes occur as a result of exercise lessons, including possible short-term aggravation of some symptoms, feeling of tiredness, light-headedness, increased energy, mood changes, etc.

I also understand that a medical evaluation is advisable before commencing any program of physical conditioning or exercise. I have or will continue to keep the Pilates Studio of Fairfield, LLC fully informed of any physical condition or disability, which would prevent or limit my participation in an exercise or physical conditioning program. I acknowledge that, although the conditioning program I participate in may have substantial physical benefits, neither the Pilates Studio nor its employees are engaged in diagnosing or treating medical diseases or deficiencies.

I expressly assume all risks of my participation in the programs of Pilates Method conditioning conducted by the Pilates Studio of Fairfield, LLC and waive any claim which I might otherwise bring against the Pilates Studio of Fairfield, LLC, its officers, shareholders, employees, trainees, and contractors as a result of injuries resulting from or relating to my participation in Pilates Method conditioning programs.

Pilates Studio of Fairfield, LLC shall not be responsible or liable for any articles lost, stolen or damages, in or about the studio.

I understand that mat apparatus classes require prior evaluation of my fitness level and that I am responsible for attending the appropriate level class.

Signature (parent/guardian if under 18)

Date