

# THE PILATES CENTER OF ST. LOUIS

## New Student Form

Please Print Legibly

Name (First & Last): \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

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

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Cell Service Provider: \_\_\_\_\_

Email: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

How would you like us to confirm appointments?

☐ Email ☐ Text

How did you hear about us? \_\_\_\_\_

What studio/ gym do you currently visit most often? \_\_\_\_\_

Would you like to receive email updates about studio news and specials from us?

☐ Yes ☐ No

### Release of Liability

In signing below, I agree that Pilates & Yoga Center of St. Louis, LLC is in no way responsible for the safekeeping of my personal belongings while I attend class. I understand that classes at Pilates & Yoga Center of St. Louis, LLC may be physically strenuous, and I voluntarily participate in them with full knowledge that there is risk of personal injury, property loss, or death. I agree that neither I, my heirs, assign or legal representatives will sue or make any other claims of any kind whatsoever against Pilates & Yoga Center of St. Louis, LLC or its members for any personal injury, property damage/ loss, or wrongful death, whether caused by negligence or otherwise.

**Cancellation Policy-** The Pilates Center of St. Louis has a 24 hour cancelation policy. Reservations and appointments cancelled with less than 24 hours notice will result in a charge to the client for the full cost of the session.

**Refund Policy –** Refunds will be given up to 30 days after the purchase date. After 30 days, credit or packages can be transferred to another client. Purchases do not expire.

**Group Class –** An Introduction Assessment is required to attend group class unless prior permission granted by owner, Karen Prechtl

\*Release of Liability- Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

# The Pilates Center of St. Louis

## Client Health Information Form

*Welcome to The Pilates & Yoga Center of St. Louis. So we can better serve your health and fitness needs, we ask you to please take a few minutes to complete this form. Thank you.*

Name

Phone

1. Describe your physical condition. List All injuries, ailments, and any significant medical treatments/surgeries. Check all body parts that are involved and specify right (R) and left (L) where appropriate.

Head		Arm		Hip/pelvis		Lower back	
Neck		Ribs		Knee		Upper back	
Shoulder		Abdomen		Ankle/foot		Middle back	

2. Do you have Osteoporosis or Osteopenia?

3. Describe your current physical condition. Include any medication you are taking. (Please indicate if you are pregnant.)

4. List all previous and current activities/sports.

5. Are there any specific fitness or health goals you hope to achieve through the Pilates Method?

6. Who is your referring doctor/chiropractor/physical therapist/massage therapist, etc?