



CLIENT HEALTH PROFILE: Please Print Clearly

NAME: _____
ADDRESS: _____ CITY _____ ZIP _____
E-MAIL ADDRESS (ES): _____
CELL PH: _____ WORK PH: _____ HOME PH: _____
DATE OF BIRTH (M/D/YR): _____ GENDER: M F
EMERGENCY CONTACT: _____ RELATIONSHIP: _____
PHONE: _____ E-MAIL: _____

PLEASE LIST ANY MEDICATIONS THAT MAY AFFECT YOUR ABILITY TO EXERCISE:

HOW DID YOU HEAR ABOUT GET REFORMED? _____

ARE YOU NEW TO PILATES? YES NO PREVIOUS EXPERIENCE: _____

WHAT ARE YOUR GOALS FOR YOUR PILATES TRAINING? _____

DO YOU EXERCISE OR PARTICIPATE IN ANY OTHER PHYSICAL ACTIVITY? YES NO IF SO, WHAT AND HOW OFTEN? _____

Any of these health conditions could affect your training. Check ALL that apply to you, and provide any necessary details. Please also discuss any pertinent health issues with your trainer.

Do you smoke? YES / NO / TRYING TO QUIT How is your overall health? EXCELLENT / GOOD / FAIR / POOR

- Arthritis, Diabetes, Headaches, Hypoglycemia, Scoliosis, Osteoporosis or Osteopenia, Joint Issues (please circle): Back / Neck / Hip or SI Joint / Elbow / Wrist / Ankle / Knees / Shoulder
Cancer, Dizziness, Heart Condition, Immune System Disorder, Currently Pregnant
Circulation Problems, Epilepsy or Seizures, High Blood Pressure, Respiratory Problems, T-Score and date last tested

of Children & Ages _____

Other Physical Limitations? _____

Please elaborate on any check marks of the above health conditions:

Please refer to the Get Reformed Pilates Center's Terms and Conditions on the back of this sheet and sign.
Get Reformed Pilates Center Terms and Conditions:

- 1.) To the best of my knowledge all of the above statements are TRUE.
2.) I understand that all exercise may have certain risks.
3.) I understand that Pilates is not a substitute for medical treatment and therefore if I am unsure about the suitability of exercise which I am performing, I should refer back to my Doctor.
4.) I understand that all exercises should be performed at a pace that is comfortable for myself and any PAIN during and after the session should not be ignored. I understand that it is MY responsibility to inform the instructor of any such discomfort before, during and after the session.
5.) I release from all liability Get Reformed Pilates Center, LLC **Rebecca & MC Swieczkowski** Associate Trainers & Instructors conducting business within the Get Reformed Pilates Center.

Print Name: _____ Date: _____

Signature: _____



Booking/Cancellation Policy

- Appointments/Classes booked by phone must be reserved with a credit card.
- Clients will be auto-charged for any Cancellations less than 24 hours in advance.
- All clients must either keep a credit card on file or a \$75 deposit if pay by cash/check.
- **Cancel** via Studio Phone – Response to Email Confirmation – Online Webscheduler.
- **Always refer to the Online Webscheduler for the Current status of classes.**
- Classes which do not maintain sufficient number of clients will be taken off Schedule.

For **CLASSES**:

Held in Urban Studio: (Limit 15)

Walk-ins welcome if space available.

However, CALL or check the Online Webscheduler for the status of the Class.

Places can be reserved Online up to 2 Hours before Class time.

For **GET (Group Equipment Training)**:

Classes in Front Studio: (Limit 7)

Same policies as Above – but # of Participants are limited by equipment availability.

For **PRIVATES**:

Can be Booked Online up to 16 Hours before Appointment.

- Call/Email Studio or Trainer directly for more immediate availability.
- 24 Hour Cancellation auto charge policy will be strictly adhered to.
- If Trainer cancels on client less than 24 hour advance notice – client gets a Free Session.

For **DUETS/TRIOS**:

Same policies as above with the additional information concerning Partners:

- If a partner No Shows/Cancel less than 24 Hours: THEY will be charged, YOU pay your Duet rate.
- If a partner Early Cancels, YOU will be notified ASAP with the following choices:
 - Keep Appointment and pay Private Rate OR Cancel your session OR
 - Reschedule Duet/Trio with another Timeslot or Trainer if available.

For **RECURRING APPOINTMENTS**:

Can be established to reserve Prime timeslots/day/Trainer on weekly basis.

- Above policies apply PLUS Advance Notification needed for dates of extended absences.
- Guaranteed Timeslots are relinquished for Absences longer than 3 weeks.

Print Name: _____

Signature: _____

Date: _____