



CENTERED BODY PILATES

Student Information

Potrero Hill Studio
601 Kansas Street
San Francisco, CA 94107
415 920 9133

Glen Park Studio
648 Chenery Street
San Francisco, CA 94131
415 333 9133

name		date	
address		city	state zip
mobile#	e-mail		
home#	work#		
emergency contact: name		relationship	
emergency contact telephone#1		emergency contact telephone#2	
previous pilates experience if any?			
occupation		were you referred by someone? If so, who?	
how did you hear about Centered Body? internet, print ad, happened by?			
goals			
list current activity & exercise weekly/monthly			
list previous sports & exercise experience			

Health History: (please circle one)

Heart and circulatory conditions (high blood pressure, other heart or circulatory)	YES	NO
Skeletal, muscular, and joint conditions (sprains, strains, fractures, scoliosis, osteoporosis, arthritis, other joint or muscular conditions)?	YES	NO
Lung conditions (asthma or other)?	YES	NO
Blood or hormonal (diabetes, menopausal, other blood or hormonal)?	YES	NO
Are you pregnant or trying to get pregnant?	YES	NO
Are you currently on any medication or under a doctors care?	YES	NO
Do you suffer from or have a history with any of the following: allergies, hypoglycemia, cancer, high cholesterol, epilepsy, or thyroid condition?	YES	NO
Other condition not listed?	YES	NO

IF YOU HAVE ANSWERED YES TO ANY OF THE QUESTIONS PLEASE SPECIFY ON THE BACK OF THIS FORM



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Activity Waiver & Policies

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In consideration for being allowed to participate in the activities and programs of Centered Body , Centered Body Glen Park, to use equipment and machinery in addition to the payment of any fees or charges, I do hereby waive, release, and forever discharge Centered Body, Oona Nelson, Avenne MBride, and/or their trainers, instructors, officers, agents and all others from any and all responsibilities or liability from injuries or damages resulting from my participation in the above mentioned activities.

initial_____

I understand and am aware that strength, flexibility, and aerobic exercise is a potentially hazardous activity. I also understand that fitness activities involve risk of injury and even death, and I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I do hereby agree to expressly assume and accept any and all risks.

initial_____

We recommend you consult with a physician before starting this or any exercise program. If you experience any pain or discomfort during the course of the exercise program, stop exercising immediately, and seek medical attention.

initial_____

Centered Body has 24 hour cancellation policy. If you need to cancel or reschedule a session with less than 24 hour notice or miss the appointment you have scheduled, you will be charged the full rate. All group, semi-private session, & private session packages are good for one-hundred and twenty days from the date of purchase unless otherwise specified. No refunds.

initial_____

I have read the above activity waiver and policies and fully understand it contents. I voluntarily agree to the terms and conditions stated above.

signature

print name

date

Parent/Legal Guardian

print name

date