

1211 Bathurst St. Toronto, ON. M6G 2W6

REGISTRATION FORM

CONTACT INFORMATION

Name:	
Address:	
Phone:	
Email:	
Date of Birth:	
Emergency Contact:	
FITNESS HISTORY	
Current Occupation:	
If your occupation requir	es physical activity, please provide details:
Current Physical Activity	(frequency, and type):
Past Pilates Training (who	ere, when and what type ie. Mat or apparatus):
HEALTH HISTORY	
Do you have your doctor	's permission to exercise?
If female, are you pregna pregnancies have you ha	nt, or have you been pregnant (if YES, how many
Are you taking any medi	cation that will affect, or be affected by exercise?



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Do you have or have you had in the past 3 years:

1. Difficulty with Physical Exercise	NO 	YES	Notes
2. Advice from a Physician NOT to exercise			
3. Muscle, joint disorder			
4. Spinal Disorder/Condition			
5. Heart problems			
6. Lung problems			
7. High or low blood pressure			
8. Chronic illness			
9. Recent surgery			
10. Diabetes			
11. Glaucoma			
12. Osteoporosis			
Do you see any health professionals (ie. Chiropractors, massage therapists)?:	regularly	<i>'</i>	



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•	story of any health concerns. Include any structural medical issues, and any concerns you have. Please			
include your goals for your health and in particular what you are hoping to attain in starting your work at Inhabit Pilates and Movement.				
How did you find out we thank one of our	about us? Postcard, website, friend - (if friend, can existing clients?)			
person, and you can	IHABIT E-MAIL LIST give your email address to another company or easily unsubscribe from our list at any time using our ton at the bottom of each email.			
Do you give us your cand class updates?	onsent to email you regarding Studio news, sales,			
Please circle: YES N	0			
I hereby certify that to is correct and true:	o the best of my knowledge the above information			
Signed:	Date:			



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WAIVER OF LIABILITY AND CONSENT

l,	, as a participant in classes
with Inhabit Pilates and Movement studio	at 1211 Bathurst St. Toronto, ON
Canada, and with teacher Julia Wyncoll an	d contracted teachers working
at the studio, hereby agree to the following	g:

- 1. I am in good physical condition and I have no disability preventing me from engaging in active or passive exercise that would be detrimental to my health, safety, or physical health, if I do so engage or participate.
- I have and I will keep you (Inhabit Pilates and Movement and its teachers) informed of all existing and pre-existing problems and/or physical injuries or ailments which may be aggravated as a result of my participation in the classes or which may render me unfit or unsuitable to participate in the classes or more susceptible to injury.
- 3. I understand that I may sustain injury or may aggravate any existing injury or ailment as a result of my participation in the classes at Inhabit Pilates and Movement and accept the risk of such injury or aggravation and hereby waive and release Julia Wyncoll, or any contracted teachers, from actions, proceedings, claims, demands and liabilities in respect to any such injury sustained by myself or aggravation of any existing ailment, illness or condition, however caused during or after my participation in the classes at Inhabit Pilates and Movement.
- 4. I further waive and release Julia Wyncoll and contracted teachers, from all actions, proceedings, claims, demands and liabilities in respect of any loss or damage to any personal property sustained or incurred by myself on the premises at which the classes are conducted.
- 5. I understand that there is a 36-hour cancellation fee of the full cost of any private lessons, and equipment classes if cancelled under 36 hours. I understand there is a 2-hour cancellation fee of the full cost of a mat class if cancelled under 2 hours.

Name (please print):		
Signed:	Date: _	