



## REGISTRATION FORM

### CONTACT INFORMATION

Name: \_\_\_\_\_

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

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

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

Date of Birth: \_\_\_\_\_

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

### FITNESS HISTORY

Current Occupation: \_\_\_\_\_

If your occupation requires physical activity, please provide details:

\_\_\_\_\_

Current Physical Activity (frequency, and type):

\_\_\_\_\_

\_\_\_\_\_

Past Pilates Training (where, when and what type ie. Mat or apparatus):

\_\_\_\_\_

\_\_\_\_\_

### HEALTH HISTORY

Do you have your doctor's permission to exercise? \_\_\_\_\_

If female, are you pregnant, or have you been pregnant (if YES, how many pregnancies have you had)? \_\_\_\_\_

Are you taking any medication that will affect, or be affected by exercise?

\_\_\_\_\_

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

	<b>NO</b>	<b>YES</b>	<b>Notes</b>
1. Difficulty with Physical Exercise	_____	_____	_____
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 regularly (ie. Chiropractors, massage therapists)?:

\_\_\_\_\_

\_\_\_\_\_



**WAIVER OF LIABILITY AND CONSENT**

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

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.
2. 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: \_\_\_\_\_