

LAKE ARROWHEAD PILATES CENTER

909.336.9900

Maximize your fitness potential while minimizing potential for injury, over training, & burn out. Whether you want to train for an event or everyday life, our trainers are experienced in a range of fitness programs and can give you the knowledge & guidance you need to accomplish your fitness goals.

CLIENT PROFILE & MEDICAL HISTORY (PERSONAL & CONFIDENTIAL)

Name: _____ Date: _____

Mobile Phone: _____ Home Phone: _____

Email Address: _____

Mailing Address: _____

Occupation: _____ Birthday: _____

How did you hear about Lake Arrowhead Pilates? _____



PLEASE CIRCLE ALL THAT MAY APPLY:

- | | | | | |
|------------------------|----------------------|----------------------------|---------------------|------------------|
| <i>Heart Problems</i> | <i>Seizures</i> | <i>High Blood Pressure</i> | <i>Vertigo</i> | <i>Diabetes</i> |
| <i>Chronic Illness</i> | <i>Fibromyalgia</i> | <i>Multiple Sclerosis</i> | <i>Osteoporosis</i> | <i>Glaucoma</i> |
| <i>Chronic Fatigue</i> | <i>Asthma</i> | <i>Shortness of Breath</i> | <i>Scoliosis</i> | <i>Pregnancy</i> |
| <i>Joint Problems</i> | <i>Muscle Cramps</i> | <i>Fractures</i> | <i>Back Pain</i> | |

Do you have any injuries, pains, or other health concerns? Are they current or past?

Cancer? Describe:

Recent Surgeries? Describe including dates:

Current Medications:

Are you currently doing other kinds of therapy? E.g. physical therapy, chiropractic, acupuncture, etc.

Do you have any prior training in the Pilates method of movement? If yes, where and frequency?

What are your fitness goals? What do you want most from your Pilates experience?



ACKNOWLEDGEMENT OF RISK & WAIVER OF LIABILITY

I understand that I, _____, will be participating in a fitness program through Lake Arrowhead Pilates Center that will require physical exertion. Before beginning this program, I was asked by my instructor whether I have any physical limitations, or whether I am taking any medications or receiving any medical treatment that might make it unsafe for me to participate in this fitness program. There is no such limitation, medication, or medical treatment other than those I have written on the attached sheet. I understand that, by signing this statement, I am agreeing to not hold Lake Arrowhead Pilates Center or any of its employees, owners, agents, or insurers responsible for any bodily injury, property damage, or death that may suffer as a result of my participation in a fitness program through Lake Arrowhead Pilates whether at Lake Arrowhead Pilates, at home, or elsewhere. As such, I understand and agree that Lake Arrowhead Pilates, its employees, owners, agents, or insurers shall not be liable for any bodily injury, property damage, or death that may result either directly or indirectly from my participation in a fitness program through Lake Arrowhead Pilates.

Participants Signature

Date

LAKE ARROWHEAD PILATES POLICIES & PROCEDURES:

- 1. All sessions are one hour.*
- 2. Please wear exercise appropriate clothing. Jeans or other clothing with embellishments can tear the soft covering on the equipment.*
- 3. Sessions may be done barefoot, in socks, or in dance/gym shoes. Please make sure shoes are for gym use only to ensure the equipment & studio remain clean.*
- 4. It is recommended that all jewelry be removed.*
- 5. All cardio equipment is free for members of the Lake Arrowhead Pilates Center.*
- 6. Appointment cancellations require a 24-hour notice. However, life gets in the way sometimes. With that in mind, if an appointment is cancelled with less than 24-hour notice, you may “make-up” that session within the same week as the missed appointment. If your session is not made up, the session will be deducted from your prepaid package to cover the instructors time & studio costs.*

Participants Signature

Date

“Fitness is the first requisite to happiness”

Joseph Pilates

www.lakearrowheadpilates.com 28200 Hwy. 189 #S-120 Lake Arrowhead, CA 92352