



www.PacificNWPilates.com

503-292-4409 - info@PacificNWPilates.com

5201 SW Westgate Drive #114, Portland OR 97221

Background and Applicable Medical History

Date _____ Date of Birth _____ / _____ / _____
First Name _____ Middle Initial _____ Last Name _____
Address _____ Apt or Unit # _____
City _____ State _____ Zip Code _____
Phone:
Mobile _____ Home _____ Work _____
Email _____ Alternate Email _____

PNWP Online (If you would like to check your schedule and register for classes online):

Log-In _____ Password _____
(must contain 8 characters and one number minimum)

Emergency Contact:

Name _____ Relationship _____
Phone _____ Alternate Phone _____

Pacific Northwest Pilates sends quarterly email announcements to inform clients about special discounts, new classes, and changes in our policies. We also send emails about upcoming workshops and certifications we offer. Please choose which newsletter you would like to receive:

- Studio client newsletter Certification student newsletter
 Rehabilitation program I do NOT want to receive any emails

How did you hear about our studio? Check all that apply:

- Another certification student Oregonian
 Another client Radio: Circle one below
 Another Instructor NPR
Classical
 Friend
Name: _____ STOTT Website
 Google Search Other: _____



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Please answer the following questions. All information is confidential and will only be used to help your instructor to create a personalized program for you.

Have you had any past training in the Pilates method? **Yes/No** If yes, for how long and where? _____

What are your goals with Pilates? What do you hope to gain from your workouts? _____

What other exercised/activities do you participate in? How often do you do them? _____

Do you have any injuries or conditions that may influence your ability to exercise? **Yes/No** If yes, please describe. _____

Are you taking any medications? **Yes/No** If yes, please list medication name(s) and side effects.

Are you currently under the care of a physician or therapist? **Yes/No** If yes, has your physician/therapist given you any activity restrictions? Do you have or need consent to exercise? _____



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Do you currently have (or do you have a history of) any of the following conditions?

| Yes | No | Pre-Existing Conditions | Describe onset/duration/severity/location |
|-----|----|---|---|
| | | Lower back problems | |
| | | Upper back problems | |
| | | Neck problems | |
| | | Disc problems (what levels) | |
| | | Scoliosis | |
| | | Sciatica | |
| | | Numbness or tingling | |
| | | Headaches | |
| | | Dizziness/Vertigo | |
| | | Hip, knee, ankle, foot issues | |
| | | Shoulder, elbow, hand issues | |
| | | Recurrent shoulder dislocation | |
| | | Tendon/ligament/muscle sprains or strains | |
| | | Difference in leg length | |
| | | Joint replacement | |
| | | Arthritis (what type?) | |
| | | Osteoporosis | |
| | | High/low blood pressure | |
| | | Neurological conditions (MS, Parkinson's) | |
| | | Car accident resulting in injury | |
| | | Are you pregnant? | |
| | | Abdominal surgery (hysterectomy) or hernias | |
| | | Other: | |



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Studio Polices and Information

- All new students at Pacific NW Pilates must begin with one private session with a fully certified instructor. This will include a postural analysis and introduction to the basics of STOTT PILATES® so we can evaluate your needs and develop your program. That can be scheduled by calling or emailing our receptionist (see contact info above).
- To book the initial private session, new students must pay a \$65 deposit, which can be used to pay for that session at the single private rate **OR** may be used towards an introductory package for new students (if the package is purchased on or before the day of the initial private session). See our Web site for rates and details.
- All classes and private sessions must be scheduled in advance.
- All fitness packages expire within 6 months from the date of purchase. See cancellation policies below.
- Students practicing pilates before pregnancy can safely continue through pregnancy with permission from a doctor.
- Students should wear comfortable exercise clothes but avoid oversized tops so instructors can observe posture and alignment. Wearing socks is fine, but students may not wear shoes in the studio.
- Please refrain from using perfumes before you come to the studio. Many people are sensitive to fragrances.
- Cell phones should be turned off in the studio. Supervised children must remain in the reception area.
- A \$25.00 fee will be applied to any checks that have been returned.
- All instructors at Pacific NW Pilates license space from Pacific NW Pilates and maintain their own business licenses and insurance. They are not employees of Pacific NW Pilates.
- Pacific NW Pilates is a licensed STOTT PILATES training center, so apprentice instructors may fulfill educational requirements by observing Instructor Trainers working with fitness clients. If you are uncomfortable about having an instructor-in-training observe your session, please let your instructor know.

Canceling and Rescheduling Policies

- **24-hour advance notice is required to change or cancel an appointment without charge.** Appointments may be cancelled by phone, email or in person. The time of the cancellation will be noted.
- **In the event an instructor has to cancel a class,** she will make every attempt to cancel with at least 24 hour notice. Students that wish to attend a class should sign-up in advance; this enables the instructor to know you wish to attend and to contact you for any reason. Pacific NW Pilates reserves the right to cancel any class due to an emergency.
- Both parties in a scheduled semi-private session are responsible for canceling the appointment with 24 hours. In the event that just one of the participants in a semi-private session is unable to attend, the other student may upgrade to a private session for an additional \$20.00.
- All pre-paid private sessions are fully transferable with 24-hour notice, but are not refundable. Students may apply the price of a pre-paid session towards another class or session or allow a friend or family member to use a pre-paid session (the first session for a new student will be used for evaluation and an introduction to pilates).

I have read the above polices. I fully understand and agree to the above polices.

Signature: _____

Date: _____



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Medical Waiver

The instructors at Pacific NW Pilates instructors are certified in the STOTT PILATES® or Yoga Alliance methods of body conditioning and will develop a Pilates or Yoga program for you. Our apprentice instructors are not yet fully certified, but are supervised by certified instructors.

The Pilates or Yoga programs of exercise may or may not be beneficial to you. It is advised that you first consult with your physician about any injuries or existing medical conditions, past or present, before enrolling in a Pilates or Yoga program. We would be happy to speak with your physician or call for a release form on your behalf.

PLEASE READ CAREFULLY! THIS IS A RELEASE AND WAIVER OF CERTAIN LEGAL RIGHTS.

Participant understands that Pilates, Yoga and other fitness programs (hereinafter referred to as "Pilates or Yoga") involve physical exertion, are strenuous, and that injuries may occur when participating in such activities. Participant accepts and assumes the risks associated with Pilates or Yoga, including, but not limited to, equipment malfunction or failure, overexertion, inability to perform suggested exercises or maneuvers, physical or mental conditions that impede the ability to properly perform suggested exercises or maneuvers, failure to properly operate equipment, and failure to follow instructions. Participant hereby freely and expressly assumes all risk of property damage, injury, and death associated with Pilates or Yoga.

Participant understands that it is his/her responsibility to consult with a physician prior to and regarding participation in Pilates or Yoga. Participant represents and warrants that he/she has no physical or mental condition that would prevent full participation in Pilates or Yoga. Participant agrees to inform his/her instructor immediately of any physical or mental condition that would prevent his/her full participation in Pilates or Yoga

In consideration for participation in Pilates or Yoga, receiving instruction in a group, private or semi-private lessons, workshops or certification programs and using the equipment and facilities, Participant hereby agrees to release, hold harmless, and indemnify Pacific Northwest Pilates and its owners, partners, employees, independent contractors, directors, officers, agents, instructors, licensees and affiliates ("PNP") from any and all claims by or on behalf of Participant against PNP arising directly or indirectly out of Participant's participation in Pilates or Yoga, use of any PNP equipment or facilities, and participation in any class, program, or workshop offered by PNP. This release includes claims and liabilities arising from any cause whatsoever, including, but not limited to, negligence on the part of PNP. This release is binding upon Participant, and Participant's heirs, assigns, and legal representatives.

If signing on behalf of a minor Participant, Parent/Guardian accepts full responsibility for any medical expenses incurred due to the minor's participation in Pilates or Yoga and agrees to release, hold harmless, and indemnify (including costs and attorney's fees) PNP for any claims brought by or on behalf of the minor.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Participant's Signature _____

Date: _____

Print Participant's Name _____

Participant's Address _____

Sign here only if participant is under 18:

Signature of Parent/Guardian _____

Date: _____

Print Parent/Guardian's Name _____

Parent/Guardian's Address _____