

# Welcome to Wilmington Pilates

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

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

Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

How did you hear about this studio: \_\_\_\_\_

Have you ever had any pain or injuries (back, shoulder, neck etc.)? Please describe: \_\_\_\_\_  
\_\_\_\_\_

Are there any health concerns (e.g. asthma, diabetes, high blood pressure)? \_\_\_\_\_  
\_\_\_\_\_

Is your doctor currently prescribing any medication for your blood pressure or for a heart condition? If so, please list: \_\_\_\_\_

What is your occupation? What does your typical day involve physically? \_\_\_\_\_  
\_\_\_\_\_

Do you have any hobbies? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you had any past training in the Pilates method? If yes, where? \_\_\_\_\_  
\_\_\_\_\_

What are your goals? What do you want from this program? \_\_\_\_\_  
\_\_\_\_\_

By signing this document, I acknowledge that I voluntarily have chosen to participate in exercise. I am aware that exercise by nature may be strenuous and possess potential physical risks. I accept all responsibility for my health, and any resultant injury that may affect my well being or health in any way. I hold harmless of any responsibility, the instructor, facility, or any persons involved with this exercise program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date