



Registration for Private or Group Classes

Name: (print) _____

Mailing Address: _____

City: _____ Postal Code: _____

Email: _____

Phone: (H) _____

(C) _____

(W) _____

Whom to contact in case of emergency: _____

Contact's Telephone: _____

How did you hear about Inspired to Move? _____

What is your reason for starting a Pilates-based program? _____

What are your goals for this program? _____

Would you like to receive our newsletter via email? Yes No

MEDICAL HISTORY

This information will be treated confidentially

Name (print) _____ Date _____

Please CIRCLE YES to any of the following conditions you currently have or have had in the past. **Circle NO if it does not apply.**

Heart attack, heart disease, cardiac surgery	Yes	No
Asthma or other respiratory ailments	Yes	No
Migraines or recurrent headaches	Yes	No
Neurological or muscular disorders e.g. Multiple Sclerosis	Yes	No
Rheumatoid Arthritis	Yes	No
Osteoarthritis	Yes	No
Arthritis (other type) _____	Yes	No
Light-headedness or fainting	Yes	No
Swollen, stiff, or painful joints	Yes	No
High blood pressure	Yes	No
Low blood pressure	Yes	No
Stroke	Yes	No
Bursitis	Yes	No
Diabetes	Yes	No
Kidney Disease	Yes	No
Hernia	Yes	No
Osteoporosis	Yes	No
Epilepsy or seizure	Yes	No
Anemia	Yes	No
Accidents	Yes	No
Fractures/Dislocations	Yes	No

If you marked YES to any of the above, please write the details in the space provided or on the back of this sheet. Include details of any medications you are taking and if there are any side effects, as these could influence your experience in class or the type of class you should receive.

Do you have any conditions, illness, disease, or any other medical condition not outlined above that may affect either your experience in class or the type of class you should receive?

Yes No

If YES, please specify: _____

Are you pregnant now, or have you been in the last 3 months? Yes No

Have you had surgery or been hospitalized in the past 2 years? Yes No

Do you have any injury or problem area (e.g. neck, shoulders, low back)? Please give details, including current treatment.

INFORMED CONSENT AGREEMENT LIABILITY RELEASE

I understand that if I have not participated in an exercise program for some time or have an underlying condition, I should consult my medical practitioner before I begin.

I, _____
(print name clearly)

have enrolled in a program of physical activity offered by Inspired to Move by Ashley Farrar that may include cardiovascular conditioning, and possibly the use of various conditioning machinery. The program may also include strength and flexibility training using weight bearing equipment and techniques. I hereby affirm that I am in good physical condition and do not suffer from any disability, physical ailment, or am taking any medication that would cause me harm or limit my participation in this exercise program.

Should there be any change in my condition or medication, I shall inform the instructor accordingly, and prior to class. I will inform the instructor and stop immediately should I feel dizziness, pain, or experience any feeling that may suggest an exercise is causing me a problem.

I fully understand that I may injure myself as a result of my participation in this exercise program, and I hereby release Inspired to Move by Ashley Farrar from any liability now or in the future, including, but not limited to, heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/hip/lower back/foot injuries, and any other illness, soreness or injury, however caused, occurring during or after my participation in the exercise program. Should I become unconscious, I give permission for the instructor to arrange medical treatment for me at Woodstock Hospital.

I agree not to attend class while under the influence of recreational drugs or alcohol.

Whom to contact in case of injury: _____

Contact's telephone: _____

Signed

Date