

OJAS

wellness center

Private Reformer Pilates Registration

PERSONAL CONTACT INFORMATION

Name _____ Birth Date _____

Address _____

City _____ State _____ Zip _____ Phone _____

Please Print E-mail _____

Preferred Method Of Future Appointment Confirmations:

Email Text Email & Text

*Email and text confirmations occur at time of booking.

Or

Phone

*Phone confirmations occur 48 hours before appointment.

For text confirmation, please check:

Verizon

Sprint

AT&T

Other _____

How did you learn about us? (Please check one)

Friend/Referral PLEASE PRINT NAME _____

Walk In/Drive-By Advertisement Phonebook Other: _____

Please indicate any health concerns, physical conditions or disabilities that might limit participation in class, as well as any medication you are currently taking:

Reformer Pilates Experience: None Less than 1 year More than 1 year Other

So that we may better serve you, please tell us why you practice/wish to practice Pilates:

Increase strength/tone

Improve breathing

Increased energy

Increased flexibility

Enhance muscle tone

Just for fun

Improve immune system

Improve circulation

Other _____

All of the above

Class Policies:

1. Private classes are by appointment only. Please schedule your classes when you purchase your package. Classes not scheduled in advance cannot be guaranteed the same time slot.
2. Students may purchase private classes individually or in packages of 5 or 10.
3. If students cannot make a scheduled private class, please notify us 24 hours in advance to reschedule. If a student does not show up for a scheduled private, the student forfeits that class.

I hereby agree to the following:

I agree to take full responsibility for not exceeding my limits in the study and practice of Reformer Pilates and for any injury or discomfort I might experience in the study and practice of Reformer Pilates. I recognize that Reformer Pilates requires physical exertion, which may be strenuous and I am aware of the risks and hazards involved.

It is my responsibility to consult with a physician prior to and regarding my participation in Reformer Pilates class.

I waive any claim that I might have at any time for injury of any sort against Ojas Wellness Center and any instructors at the Ojas Wellness Center or entity involved therewith.

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.

Signed: _____

Date: _____