

Nelson Pilates Registration Information

Personal Information

Name			Date
Date of Birth	Age	Home #	Cell #
Address			
City		State	Zip
Email Address			
How did you hear about us?			

Current Health History

Are you currently under a physician's care? If yes, please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you aware of any reasons that would limit your ability to exercise? If yes, please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently taking any medications? If yes, please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you smoke?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, how much for how long?		
Have you been diagnosed with any of the following medical conditions?		
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
High Cholesterol	<input type="checkbox"/> Yes	<input type="checkbox"/> No
High Blood Pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart Disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Herniated Disc	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Osteoporosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Spinal Stenosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Spondylolisthesis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hip Replacement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other:		
If female, are you pregnant	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how many weeks?		

Past Medical History

Please indicate whether you have or have ever had any of the following:					
Heart attack	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Kidney Disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stroke	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Epilepsy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
HIV/AIDS	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart Murmur	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Arthritis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chest Pains	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sciatica	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Irregular Heartbeat	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Back/Neck Pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dizziness/Fainting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Lyme's Disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emphysema	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Bursitis/Tendinitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Thyroid Disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Depression	<input type="checkbox"/> Yes	<input type="checkbox"/> No
High Stress Levels	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Headaches	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Past Surgery If yes, please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Autoimmune Disorder	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rotator Cuff Impingement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Nelson Pilates Waiver and Release

I acknowledge that my attendance at or use of Nelson Pilates, Inc. (NPI), including without limitation my participation in any of NPI's classes, programs or activities and my use of NPI's equipment, could cause injury to me. In consideration of my participation at NPI, I hereby assume all risks of injury which may result from or arise out of my attendance at or use of NPI or its equipment, classes, activities, or facilities; and I agree, on behalf of myself and my heirs, executors, administrators and assigns, to fully and forever waive, indemnify, hold harmless, release and discharge NPI, Nelson Pilates, Inc., and its affiliates and all of their respective officers, directors, employees, instructors, agents, successors and assigns, and each of them (collectively, the "Releasees"), from any and all claims, damages, demands, rights of action, present or future, known or unknown, anticipated or unanticipated, resulting from or arising out of my attendance at or use of NPI or its equipment, classes, activities, or facilities. Further, I hereby agree to waive any and all of such claims, damages, demands, rights of action or causes of action. Further, I hereby agree to release and discharge the Releasees from any and all liability for any loss or theft of, or damage to, personal property.

I attest that the above information is true to the best of my knowledge, and I acknowledge that I have carefully read and understand this waiver and release.

Signature _____ Date _____

Nelson Pilates, Inc. Policies

1. It is highly recommended that all new students attend a Principles Private Lesson in order to introduce the equipment and clarify technique points.
2. Students should only sign up for classes matching their level of skill and experience.
3. There are no membership fees.
4. All classes expire after one month. Classes cannot be carried over into the next month.
5. The 4 pack of classes must be used all in one month.
6. All classes require advance booking to reserve your space.
7. Cancellation of class must be made at least 24 hours in advance or you will be charged for that class.
8. When you finish your class or private package, you will not be pre-signed in for future classes or privates until you purchase a new package.
9. All unused private lessons expire 3 months from the date of purchase.
10. Unused classes can only be frozen if we are provided with proper medical documentation before your classes expire.
11. All class times, days, and instructors are subject to change.
12. All sales are final. We cannot change a previously purchased package into another format.

I acknowledge that I have carefully read and understand these policies.

Signature _____ Date _____