



stablecore
pilates + physical therapy

GROUP CLASS POLICIES

Group classes can be purchased in the form of a Series, paid in advance (\$200 for 8-week series, \$125 for 5-week summer series), or as a Drop-In (\$28) for a single class. Pre-Registering for the entire series is the only way to guarantee your spot in class.

Pre-Registered Series policies:

Because there are no refunds for classes missed in a series, we recommend that you plan ahead and sign up for a series that you are able to commit to.

Students may, with advance notice, request up to 2 make-up classes with their same instructor, space permitting, and within the same class series. Space availability for this is not guaranteed.

Single Drop-In class policies:

If a class is not full, you can come to a single class as a Drop-In student. Once signed up, we require 24-hour notice for canceling or re-scheduling. If you miss class and are not able to give 24-hour notice, you will still be charged for the spot.

I have read and understand these class policies.

Date

Signature

Print Name



HEALTH QUESTIONNAIRE

INFORMATION:

Name: _____

Address: _____

Phone #: _____ E-mail: _____

Birthdate: _____ Age: _____

Height: _____ Weight: _____

How did you hear about us? _____

Would you like to receive e-mail updates for classes (we won't share your info)?

Yes No

MEDICAL HISTORY:

These conditions can affect your ability to exercise. Please check the items which apply to you:

- High blood pressure
- Heart disease
- High cholesterol
- Stroke
- Chest pain with exertion
- Asthma
- Dizzy spells, fainting, or vertigo
- Epilepsy
- Hypoglycemia
- Diabetes
- Cancer
- Anemia
- Osteoporosis
- Pregnant
- Smoker
- Other:

Please list current medications:

Physician: _____ Phone #: _____

Length of time since last physician check-up: _____



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Have you ever been hospitalized for illness or surgery? ____ yes ____ no

If yes, describe and give approximate dates: _____

Do you have or have you ever had any spinal problems (back, neck)? ____ yes ____ no

If yes, describe: _____

Do you have or have you ever had any problems in any muscles, joints, ligaments, or tendons (ie. tendonitis, instability, arthritis, hernias)? ____ yes ____ no

If yes, describe:

How often do you exercise each week? Please specify activity and indicate length of time and frequency: _____

What are your goals for Pilates?

To the best of my knowledge, all of the above statements are complete and true.

Signature: _____ Date: _____

Emergency contact: _____ Phone #: _____



ACTIVITY WAIVER

In consideration of being allowed to participate in the activities and programs of Stable Core and to use its facility, equipment and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge Stable Core and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability from injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned activities. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of Stable Core or the use of any equipment at Stable Core.

I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death, and that I am voluntarily participating in these activities and using equipment and machinery with the knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have his/her recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

Date

Signature

Print Name