

Registration



PILATES REGISTRATION INFO

- * Payment will be accepted in either **cash or chq** only
- * Cheques for class fees should be made payable to: **Mindful Balance**
- * There will be an additional \$15 charge for NSF Cheques
- * Post-dated cheques are NOT accepted
- * To ensure quality of instruction class size is limited therefore all registration is done on a first come, first served basis
- * Payment must be received prior to the session in order for your spot to be secured within the class
- * Refunds or Discounts will NOT be given for withdrawals from sessions after the start date, for missed classes and/or partially completed sessions

Pilates Registration

◆ Name: _____ ◆ Date: _____

◆ Sex: _____ ◆ Age: _____ ◆ Date of Birth: _____

◆ Address: _____

◆ Home Phone No: _____ ◆ Work Phone No: _____

◆ E-mail: _____

◆ Contact in Case of Emergency:

◆ Name: _____ ◆ Relationship: _____

◆ Phone No: _____

◆ How did you hear about Us?

◆ Have you ever done Pilates before?

◆ Are you currently participating in any other physical activity?

◆ Do you have any injuries or have had injuries in the past?

PAR-Q & YOU

Questionnaire for people aged 15-69



Please read the following questions carefully and answer them honestly
(Please circle either YES or NO)

- Yes No 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
- Yes No 2. Do you feel pain in your chest when you do physical activity?
- Yes No 3. In the past month, have you had pain in your chest when you are not doing physical activity?
- Yes No 4. Do you lose your balance because of dizziness or do you ever lose consciousness?
- Yes No 5. Do you have a bone/joint problem (ex. Back, hip or knee) that could be made worse by a change in your physical activity?
- Yes No 6. Is your doctor currently prescribing drugs (ex. Water pills) for your blood pressure or heart condition?
- Yes No 7. Do you know any other reason why you should not do physical activity?

If you answered YES to 1 or more questions consult your doctor before beginning a physical activity program

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction and I hereby give consent to participate in the physical activity program

◆ Name:

◆ Date:

◆ Signature:

◆ Signature of Parent/Guardian:

(If participant is under the age of 18)



Waiver of Liability

1. There is a Risk of Injury When Training at Mindful Balance

I recognize that Mindful Balance offers personal fitness services that require strength, flexibility and aerobic exercise. The training includes the use of equipment and exercises that may cause injury. I have been informed of and understand the risk of such an injury and in consideration for being allowed to participate in activities at Mindful Balance and do hereby release the studio, its employees, and others acting on its behalf from any claims or liabilities for injuries or damages to my person arising from my participation in those activities.

2. I am Physically Sound. I hereby declare myself to be physically sound and suffering from no condition or impairment that would prevent my safe participation in the physical activities offered by Mindful Balance. I agree to keep my instructor informed of changes to my physical condition or changes in my ability to perform the activities associated with my training.

3. I Have Had a Recent Physical Examination. I acknowledge that it is recommended that I have a yearly or more frequent physical examination and consultation with my physician regarding physical activity, exercise and use of exercise equipment. I have either 1) had a physical examination and been given my physician's permission to participate in Mindful Balance programs or; 2) I have decided to participate in these programs without the approval of my physician and assume responsibility for that participation.

PRINTED NAME: _____

SIGNATURE: _____

PHONE #: _____ E-MAIL: _____

DATE: _____

INSTRUCTOR SIGNATURE: _____