

Registration form

PLEASE ENSURE YOU COMPLETE ALL OF THE FOLLOWING INFORMATION

CLIENT INFORMATION:

NAME:

ADDRESS:

PHONE:

EMAIL:

HOW DID YOU HEAR ABOUT MAT PILATES BY JEN VANEK?

☐ WORD OF MOUTH: _____

☐ SOCIAL MEDIA: _____

☐ OTHER: _____

WHAT ARE YOUR TOP 3 FITNESS GOALS?

1. _____ 2. _____ 3. _____

INFORMED CONSENT:

THE PURPOSE OF THIS INFORMED CONSENT IS TO ENSURE THAT I, THE CLIENT, AM FULLY AWARE OF THE POTENTIAL RISKS, BENEFITS, AND RESPONSIBILITIES ASSOCIATED WITH PARTICIPATING IN MAT PILATES SESSIONS AND/OR CLASSES.

I HAVE READ THIS FORM CAREFULLY AND HAVE HAD THE OPPORTUNITY TO ASK ANY QUESTIONS BEFORE SIGNING. I UNDERSTAND THAT MAT PILATES SESSIONS/CLASSES MAY INCLUDE, BUT ARE NOT LIMITED TO, FITNESS ASSESSMENTS, CUSTOMIZED WORKOUT PLANS, PRIVATE TRAINING SESSIONS BOTH IN PERSON AND VIRTUAL. I UNDERSTAND THAT PARTICIPATING IN MAT PILATES SESSIONS/CLASSES CAN BE STRENUOUS AND MAY PUT SIGNIFICANT STRAIN ON THE BODY, INCLUDING THE CIRCULATORY SYSTEM, MUSCLES, JOINTS, AND OTHER BODILY SYSTEMS. REGULAR EXERCISE CAN LEAD TO IMPROVEMENTS IN PHYSICAL FITNESS AND STRENGTH, ENHANCE CARDIOVASCULAR HEALTH, INCREASE FLEXIBILITY AND MOBILITY, AID IN WEIGHT MANAGEMENT, AND BOOST ENERGY LEVELS, BUT I RECOGNIZE THE POTENTIAL FOR STRAIN AND/OR INJURY. THESE RISKS MAY INCLUDE MUSCLE SORENESS, STRAINS, SPRAINS, OR OTHER INJURIES, AND CARDIOVASCULAR EVENTS. AS A CLIENT, I AM RESPONSIBLE FOR DISCLOSING RELEVANT MEDICAL CONDITIONS OR INJURIES TO MY INSTRUCTOR. I WILL INFORM MY INSTRUCTOR OF ANY CHANGES IN MY HEALTH STATUS, FOLLOW THE INSTRUCTOR'S INSTRUCTIONS AND GUIDANCE, AND COMMUNICATE ANY DISCOMFORT OR CONCERNS IMMEDIATELY.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THE INFORMATION PROVIDED IN THIS FORM. I CONSENT TO PARTICIPATE IN MAT PILATES SESSIONS/CLASSES AND AGREE TO ASSUME ALL RISKS INVOLVED, AND REALIZE THAT I AM FREE TO WITHDRAW AT ANYTIME. I ALSO CONFIRM THAT I HAVE DISCLOSED ANY RELEVANT MEDICAL CONDITIONS TO MY INSTRUCTOR. NOTING THE ABOVE SELF DISCLOSURES, I AGREE TO HOLD HARMLESS INSTRUCTOR OF ANY LIABILITY OR DAMAGES THAT MAY ARISE FROM MY PARTICIPATION IN MAT PILATES SESSIONS/CLASSES.

CANCELLATION POLICY: SESSION FEES WILL BE CHARGED IN FULL IF AN APPOINTMENT IS MISSED OR CANCELLED WITHOUT AT LEAST 24 HOURS NOTICE

PRINT NAME:

DATE:

SIGN:

Thank you for your time!

Assessment questionnaire

CLIENT INFORMATION:

1. ARE YOU TAKING ANY REGULAR MEDICATION WHICH MAY AFFECT YOU DURING THE SESSION?

YES ☐ NO ☐

2. IF **YES**, PLEASE PROVIDE DETAILS: _____

3. HAVE YOU ANY ILLNESSES OR DISABILITIES? YES ☐ NO ☐

4. IF **YES**, PLEASE PROVIDE DETAILS: _____

5. DO YOU HAVE ANY INJURIES OR JOINT PROBLEMS? YES ☐ NO ☐

6. IF **YES**, PLEASE PROVIDE DETAILS: _____

7. HAVE YOU HAD ANY SURGERY WITHIN THE PAST 12 MONTHS? YES ☐ NO ☐

8. IF **YES**, PLEASE PROVIDE DETAILS: _____

9. ARE YOU OR HAVE YOU BEEN PREGNANT IN THE PAST SIX MONTHS? YES ☐ NO ☐

10. PLEASE INDICATE BELOW IF YOU HAVE BEEN DIAGNOSED WITH ANY OF THE FOLLOWING CONDITIONS:

☐ EPILEPSY OR SEIZURES

☐ HIGH/LOW BLOOD PRESSURE

☐ HEART CONDITION

☐ METAL IMPLANT

☐ RHEUMATOID ARTHRITIS

☐ PACEMAKER

☐ ASTHMA

☐ BLOOD
DISORDER

☐ DIABETES

11. ARE YOU AWARE OF ANY REASONS THAT YOU SHOULD NOT PARTICIPATE IN PHYSICAL ACTIVITY WITHOUT MEDICAL SUPERVISION? YES ☐ NO ☐

12. IF **YES**, PLEASE PROVIDE DETAILS: _____

I HAVE READ, FULLY UNDERSTOOD AND COMPLETED THIS QUESTIONNAIRE. THE ANSWERS THAT I HAVE GIVEN ARE ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO INFORM THE INSTRUCTOR IF I EXPERIENCE ANY NEW OR UNUSUAL SYMPTOMS DURING THE COURSE OF MY MAT PILATES SESSION/CLASS.

PRINT NAME: _____

DATE: _____

SIGNED: _____

EMERGENCY
CONTACT _____

PHONE: _____

RELATIONSHIP: _____

CONFIDENTIALITY: ALL PERSONAL AND MEDICAL INFORMATION PROVIDED WILL BE KEPT CONFIDENTIAL AND ONLY USED FOR THE PURPOSE OF CREATING A SAFE AND EFFECTIVE TRAINING PROGRAM.

Let's start your journey!