

Primary Member:					
First	Middle	Last			
Home Address:					
City:	State:	Zip:			
E-mail Address:					
Cell Phone:	Home Phone:				
Work Phone/ Ext.:	Birth Date:				
How did you hear about us?					
Emergency Contact:					
Name:	Relationship:				
Address:					
City:	State:	Zip:			
Emergency Phone #:					
<u>Liability Release:</u>					
I understand that members listed manner make use of or accepts the shall do so at their own risks, and owners, managers, employees, and	he use of any part of th I shall waive legal clai	ne facility privilege or service			
Signature of Primary Member		Date			
Client Name:		Date:			
Age:					



Check those that apply:
Recent illness, hospitalization or surgical procedure Heart attack, coronary bypass, cardiac surgery, stroke Abnormal resting or stress ECG Uneven, irregular, or skipped heart beats (including a racing or fluttering heart) Abnormal blood lipids Family history or coronary or other atherosclerotic disease prior to age 55 Diabetes Mellitus High Blood pressure Phlebitis Emboli Pulmonary disease (asthma, emphysema and bronchitis) Rheumatic fever Light headedness or fainting Chest pain at rest or exertion Unusual shortness of breath Orthopedic problems (arthritis or any other bone, joint or muscle problems)
<ul> <li>Emotional disorders</li> <li>Medications</li> <li>Drug allergies</li> <li>Smoking</li> <li>Physical inactivity</li> </ul>
Recommendations prior to exercise testing:
<ul> <li>Medical clearance</li> <li>Max stress test and medical clearance</li> <li>Refer to medically supervised program</li> </ul>
Comments::



## \*\*\* IMPORTANT - PLEASE READ! \*\*\*

## We require 12 hours notice of a cancellation or you will be charged for the session.

## **Attention All Unlimited package members**

Any Unlimited Packet, 1 Month Unlimited you will be charged \$20 for a late cancel (less than 12 hours prior to scheduled class) or a no show.

## **Attention all other packages:**

Any package that is not unlimited you will loose the class for a late cancel (less than 12 hours prior to scheduled class) or a no show

I agree and understand that money paid in advance to Pure Pilates is non-refundable.

Date:	 		
Signature:			