



## New Client Form

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_

Emergency contact name and phone # \_\_\_\_\_

Please list any injuries you have sustained

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Please list any medications you are currently taking

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Please list any surgeries you have undergone

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What are your prior movement and exercise experiences?

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What goals do you hope to achieve through Pilates?

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I understand and agree that as a student here I will be challenging myself mentally and physically and trust the instructors to guide me in the best way possible for my development. I enter the studio and use the equipment voluntarily and at my own risk.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If under 18 years of age, Parental or Guardian's signature required:

Signature \_\_\_\_\_ Date \_\_\_\_\_