



Client Intake Form

CONTACT INFORMATION

(Please print clearly with ink.)

First Name: _____ Date: _____

Last Name: _____ Date of Birth: ____/____/____ (Year is optional.)

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone #: _____ Cell Phone #: _____

E-mail: _____

Emergency Contact: _____ Phone #: _____

Emergency Contact: _____ Phone #: _____

MASTERWORK PILATES STUDIO (MWP) EMAILINGS

Masterwork Pilates Studio periodically sends out email notifications to clients informing them of special promotions, topical information and any policy changes. Your information will never be sold or shared with other parties.

HOW DID YOU LEARN ABOUT MWP?

(Please check all that apply.)

- Checkboxes for: Another client, Another instructor, Friend: (Name)_____, Online Search, Facebook, Other: _____

DO YOU HAVE PREVIOUS PILATES EXPERIENCE?

Have you had any previous Pilates training? Yes / No
If yes, what method, for how long and where? _____

What are your goals with Pilates? What expectations do you have of your workouts? _____

What other exercises / activities do you do and how often? _____

Medical Questionnaire

Name:

Date:

All information is strictly confidential and is used only to enable your instructor to create a personalized program specific to your individual needs and goals.

Check all conditions below that may affect you **while exercising**, those that **impact your daily life**, that you are currently **treating with medications** or have **occurred within the past 6 months**.

X	Condition	X	Condition
	Neck Problems		Tendinitis / Bursitis
	Upper / Lower Back Problems		Neurological Conditions* (MS, Parkinson's, etc.)
	Disc Problems (List) / Spinal Injuries or Disease*		Headaches (What type?)
	Shoulder / Elbow / Wrist / Hand Problems		Dizziness / Vertigo / Fainting* / Seizures*
	Hip / Knee / Ankle / Foot Problems		Blurred or Tunnel Vision / Sensitivity to Light
	Joint Pain / Stiffness/ Limited ROM		Earaches / Infections / Ringing / Hearing Loss
	Joint Replacement* (List)		Lung Disease* / Shortness of Breath*
	Leg Length Difference		Heart Attack* / Stroke*
	Broken Bones		High Blood Pressure / Low Blood Pressure
	Ligament / Muscle Sprains or Strains		Heart Burn (GERD) / Indigestion / Hiatal Hernia
	Muscular Aches / Pain / Weakness / Fatigue		Diabetes
	Sharp, Shooting Pain / Tingling / Numbness*		Cancer*
	Arthritis (What type?)		Incontinence
	Osteoporosis*		Injuries resulting from a car* / work accident*
	Scoliosis*		Abdominal Surgeries* (hernias, hysterectomy, etc.)
	Sciatica*		Pregnant* (or number of pregnancies)

*** Masterwork Pilates Studio requires a signed release with any contra-indications from your physician prior to allowing your participation in any classes or training.**

Please provide information about any of the above conditions you checked; date of occurrence, duration, severity and location. Especially any for which you are currently being treated by a physician.

Does your doctor know that you are beginning a new exercise program? Yes / No

If yes, do they have any concerns? Yes / No

If yes, why? _____

Are you currently under the care of a doctor or physical therapist for any reason at all? Yes / No

If yes, has your doctor / therapist given you any activity restrictions? Yes / No

If yes, describe what they are: _____

Are you taking any medications that could cause a reaction while exercising? Yes / No

If yes, what is the condition being treated? _____

Do you have any other injuries or conditions not listed that may affect your ability to exercise? Yes / No

If yes, please list and describe. _____

Do you know of any physical or mental condition(s) you have that could be aggravated by exercising or exerting yourself?

Yes / No

If yes, please explain: _____

Additional Notes: _____

IMPORTANT INFORMATION

When clients reserve a schedule with Masterwork Pilates Studio, it is for the entire month. As a result, all monthly schedules must be purchased in their entirety, regardless of the number of sessions actually attended.

- ❖ Clients may, depending on availability, alter their schedule monthly.
- ❖ The availability of formerly reserved schedules after unpaid absences will not be guaranteed.
- ❖ To ensure a continuous monthly schedule, payments must be made:
 - Regardless of the number of sessions attended
 - Without lapse.

PAYMENT

Payment is due in full on the first session of each month:

- ❖ All packages are based on a 4-5 week month.
- ❖ A \$5.00 late fee will be charged to payments made after the first week of the month.

Cash, check, debit & credit payments are accepted:

- ❖ Debit & credit payments are processed by Square.
- ❖ Only in-state checks from established clients.
- ❖ No money orders or 3rd party payments.
- ❖ A \$35.00 fee will be applied to payment methods that are canceled or returned due to insufficient funds.

Discounted rates are reserved for their respective packages.

Washington state sales tax of 8.6% is applied to all purchases.

Package pricing will be pro-rated for the following conditions only:

- ❖ Holidays
 - ❖ Studio closures
 - ❖ New clients beginning sessions mid-month.
- In the event of withdrawal due to prolonged illness or injury, then the balance of the package may be applied towards a future purchase.
- ❖ This extension expires 9 months from the last date of attendance.

All purchases are non-refundable and non-transferable.

All sales are final.

PACKAGES & RATES

Private training is offered in packages of 1 or 2 sessions per week and are sold on a monthly basis only.

Packages are only good for the month they are purchased and unused sessions expire at the end of the month.

Assessment Session: 75 minutes \$75.00 1 time session for new clients

On the date of the assessment session only, the \$75.00 fee may be used to pay for the assessment session alone **OR** be applied towards the purchase of a package.

Private Training:	60 minutes	\$ per session	# of sessions per month
❖ Drop-Ins	_____	\$60.00	based on availability
❖ Tier 1 Package	1 x week	\$55.00	3-5 total sessions
❖ Tier 2 Package	2 x week	\$52.50	6-9 total sessions

SCHEDULING

Before Scheduling: Please save your time & money and get your physician's authorization and list of contra-indications before scheduling!

- ❖ If you have any of the conditions listed on the "Release and Waiver of Liability" form that requires a signed release from your physician, you may not schedule an assessment session until the required documents can be provided.
- ❖ If, at any time, it is deemed that you have or develop any condition that requires a physician's authorization while training with Masterwork Pilates Studio; then, at the instructors discretion, training may be suspended until the necessary authorizations to resume are obtained.

Assessment Sessions

Due to the time involved, please have your "Client Intake Form" completed and a copy of your physician's authorization with any contra-indications ready to bring with you at your assessment session. (Remember to make copies for yourself.)

Your assessment session will, as time allows, include the following:

- ❖ Review of your health history
- ❖ Discussion of your fitness goals
- ❖ Postural analysis
- ❖ Movement pattern testing
- ❖ Introduction to the Stott Pilates® basic principles
- ❖ Follow-up questions & discussion: is this right for you?

Private Training

Private training sessions continue where the assessment session ended and are designed to progress based on the individual's needs and goals.

CANCELATIONS

Instructor Cancellations

Masterwork Pilates Studio will, whenever possible, provide a minimum of 24 hours notice of cancellation.

When instructor cancellations are necessary, Masterwork Pilates Studio will make **only one (1)** attempt to contact you.

- ❖ Please ensure your contact information is kept current with Masterwork Pilates Studio so that you can be reliably reached.

Client Cancellations

Clients are asked to provide a minimum of 24 hours notice of cancellation to Masterwork Pilates Studio.

MAKE-UPS

Instructor

If rescheduling an instructor absence within the same month in which the absence occurred is not possible, only then will the make-up be credited to the following month.

Clients

Client absences may only be re-scheduled within the same month in which the absence occurred.

The availability of make-up sessions is limited and cannot be guaranteed.

Make-ups will be scheduled on a "first come, first serve" basis in the following order of priority:

- ❖ 1st Priority: Instructor absences
- ❖ 2nd Priority: Pre-scheduled client absences
- ❖ 3rd Priority: Un-scheduled client absences with 24+ hours notice of cancellation
- ❖ 4th Priority: Un-scheduled client absences with less than 24 hours notice of cancellation.
- ❖ "No-shows", absences without any notification, are not eligible for make-ups.

MISCELLANEOUS

Frequency

- ❖ Due to the variety in the work, Pilates may be done everyday.
- ❖ As with any exercise program, clients are encouraged to take classes or sessions several times per week in order to achieve the most effective results.

Illness:

- ❖ When you are sick or not feeling well, please don't share. Stay home and take care of yourself.

Clothing:

- ❖ Your instructor needs to be able to see the alignment of your bones in order to provide appropriate assessment and cueing.
- ❖ Clients may wear comfortable exercise clothes while avoiding items that are bulky or baggy.
- ❖ Ensure that your clothing provides adequate coverage at all times.

Shoes:

- ❖ Pilates is typically practiced barefoot. However, specially designed socks for Pilates are encouraged.
- ❖ For those who require them, clean orthotics that are not used for street wear, are allowed.

Cell Phones:

- ❖ Please turn off or silence all electronic devices before entering the studio.

Children:

- ❖ Masterwork Pilates Studio has no accommodations for children during training sessions.
- ❖ Children who are clients of Masterwork Pilates Studio must be attended by their parent or guardian during all training. No exceptions.

Toiletry Products:

- ❖ Due to possible allergies of other clients, please do not wear perfumes or other strongly fragranced health & beauty products to the studio.
- ❖ Please go easy with cosmetics, body lotions & oils on exposed portions of skin that will come into contact with mats and equipment. It is difficult to clean these products from the equipment without the use of harsh chemical cleaners.

Other:

- ❖ Masterwork Pilates Studio, LLC policies may be changed, modified or updated at any time. In the event of questions, the most current policies will be enforced.

I have read and fully understood the above policies and I agree to abide by them.

Signature: _____ **Date:** _____

Release and Waiver of Liability

Your instructor holds certifications through STOTT PILATES® in Matwork, Reformer, Cadillac, Chair, Barrels and Total Barre™. All of which is based on the teachings of Joseph H. Pilates while incorporating modern, anatomically-based knowledge of the body. Based on this system, your instructor will work with you to create a Pilates program that is tailored to suit your unique needs and goals with your safety foremost in mind.

As with all exercise programs, it is strongly advised that you first consult your physician regarding any existing medical conditions or injuries, past or present, you may have to ensure you are able to safely participate in any Pilates program. If your physician has any questions about Pilates, please feel free to give them my contact information.

If you have any of the following medical conditions, Masterwork Pilates Studio, LLC requires a signed release along with a list of any contra-indications from your physician prior to allowing your participation in any classes or training:
heart disease - lung disease - stroke - neurological disorders - surgeries - auto accidents
work injuries - spinal injuries or disease - chronic bone/joint pain - pregnancy

Please read the following carefully.

I, _____ hereby agree to be legally bound to the following:
(Print clearly in ink.)

1. That I am participating in Pilates group classes, personal training, programs and workshops (herein referred to as "Pilates") offered by Masterwork Pilates Studio, LLC during which I will receive information and instruction about health and fitness. I recognize that Pilates requires physical exertion which may be strenuous and may, if done incorrectly, cause physical injury. I freely and expressly accept and assume all risk of property damage, injury and death associated with Pilates, including, but not limited to, equipment malfunction or failure, overexertion, inability to perform suggested exercises or maneuvers, physical or mental conditions that impede my ability to properly perform suggested exercises or maneuvers, failure to properly operate equipment, and failure to follow instructions.
2. I understand that Masterwork Pilates Studio, LLC is a personal and group training business and not a medical provider. My trainer will, in fact, be relying on my representations and disclosures regarding my health and physical condition.
3. I agree to disclose any physical and mental limitations, disabilities, ailments, or impairments which may affect my ability to participate in Pilates at Masterwork Pilates Studio, LLC .
4. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in Pilates. I represent and warrant that I am physically and mentally able and have no medical conditions that would prevent my full participation in Pilates offered by Masterwork Pilates Studio, LLC .
5. I agree to inform my instructor immediately of any physical or mental condition that would prevent my full participation in Pilates offered by Masterwork Pilates Studio, LLC .
6. In consideration of being permitted to participate in Pilates and using the equipment and facilities, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in any Pilates offered by Masterwork Pilates Studio, LLC .
7. In consideration of being permitted to participate in Pilates, I knowingly, voluntarily and expressly waive any claim I may have against Masterwork Pilates Studio, LLC and its owners, partners, employees, instructors, agents, property owners and affiliates arising directly or indirectly from my use of any equipment, facilities and for any injury or damages that I may sustain as a result of my participation in Pilates.
8. I, my heirs, or legal representatives forever release, waive, discharge and covenant not to sue Masterwork Pilates Studio, LLC and property owners for any damages, injury or death caused by their negligence or other acts.
9. I, my heirs, or legal representatives forever release, waive, discharge and covenant not to hold Masterwork Pilates Studio, LLC and property owners liable for any personal injuries, bodily injuries, or property damage while going to and from any location Masterwork Pilates Studio, LLC conducts Pilates.

I have read the above "Release and Waiver of Liability" and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signature of Participant: _____ Date: _____

If under 18 years of age, Signature of Legal Guardian: _____

Address of Participant/Guardian: _____