



Student 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 EMAILINGS

Masterwork Pilates Studio sends out monthly email notifications to clients informing them of special promotions, class information and any changes to our policies. Please indicate whether you would be interested in receiving emails from us. (Your information will never be sold or shared with other parties.)

- Yes, I would like to receive MWP emails! I do NOT want to receive emails.

HOW DID YOU LEARN ABOUT US?

(Please check all that apply.)

- 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?

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: _____

PAYMENT POLICIES

General

- ❖ Cash, check, debit & credit payments are accepted.
- ❖ Washington state sales tax of 8.6% will be added to all purchases.
- ❖ All packages are based on a 4 week month.
- ❖ Unless specified, there is no limit to the number of packages students may purchase.
- ❖ Payment of all packages is due in full on the first session or class of the month.
- ❖ If a student is forced to withdraw due to prolonged illness or injury, then the balance of their package may be applied towards a future purchase. This extension will expire 6 months from the last date of attendance.
- ❖ A \$35.00 fee will be applied to checks that are returned due to insufficient funds.
- ❖ All packages are non-refundable and non-transferable.
- ❖ All sales are final.

New Student Assessment

- ❖ All new students must complete a one-time New Student Assessment & obtain instructor approval prior to entering any group format.
- ❖ The \$60.00 new student assessment fee may be used to pay for the assessment session alone **OR** be applied towards the purchase of an introduction special, only when purchased on or before the date of the assessment session.
- ❖ Introduction specials are for new students only & may be purchased only once.

Private Training

- ❖ Private training is available in monthly packages of either 1 or 2 sessions of training per week.
- ❖ The discounted private training rates are reserved for their respective packages only.
- ❖ Students wishing to purchase quantities outside of a package may do so at the regular single session rate.

Group Classes

- ❖ Group classes are available in monthly packages of either 1, 2 or 3 classes of instruction per week.
- ❖ Group classes may be purchased as monthly packages only. Single classes or “drop-ins” are not permitted, unless specifically indicated.

Pro-Rating

- ❖ Private training & group class package pricing will be pro-rated for the following conditions **ONLY**:
 - ❖ Holidays.
 - ❖ Instructor Absences.
 - ❖ New students starting sessions or classes after the beginning of the month.

CANCELATIONS

Instructor Cancellations

- ❖ The Masterwork Pilates Studio will, whenever possible, provide a minimum of 24 hours notice of cancellation to all affected students.
- ❖ When instructor cancellations are necessary, Masterwork Pilates Studio will make **only one (1)** attempt to contact you.
- ❖ Please keep your contact information current with the Masterwork Pilates Studio to ensure you can be reliably reached.

Student Cancellations

- ❖ All students are asked to provide a minimum of 24 hours notice of cancellation to the Masterwork Pilates Studio.
- ❖ Private training students who do not provide notice of cancellation will be charged for the session as a “no-show”. These absences may not be rescheduled.
- ❖ Group class student absences cannot be refunded or rolled-over. See below for make-up options.

Class Cancellations

- ❖ Group classes that fail to obtain a minimum of 4 students for the month will, upon instructor discretion, be canceled for that month or removed from the schedule indefinitely.

MAKE-UPS

Instructor

- ❖ Any extra 5th day in a month is reserved for instructor make-ups, as needed.
- ❖ If rescheduling an instructor absence within the same month in which the absence occurred is not possible, only then will the make-up be “rolled over” into the following month.

Private Training

- ❖ Student absences may only be re-scheduled within the same month in which the absence occurred.
- ❖ Make-up sessions for private training are limited and cannot be guaranteed & will be scheduled on a “first come, first serve” basis in the following order of priority:
 - ❖ 1st Priority: Instructor absences.
 - ❖ 2nd Priority: Pre-scheduled student absences.
 - ❖ 3rd Priority: Un-scheduled student absences with 24+ hours notice of cancellation.

Group Classes

- ❖ When available, a missed class may be made up in another group class (*same format only*) of equal or lower level within the same month in which the absence occurred.

SCHEDULING

New Student Assessment

- ❖ Required of all students who are new to Masterwork Pilates Studio, LLC.
- ❖ All new student assessment sessions are by appointment only.

Private Training

- ❖ All private training is by appointment and available on a “first come, first serve” basis only.
- ❖ Students wishing to reserve private training time slots on a continuing basis may do so only by purchasing packages in advance & without lapse.
- ❖ Private training time slots cannot be guaranteed after unpaid absences.
- ❖ Any extra 5th day in the month will be reserved for **instructor make-ups only**.

Group Classes

- ❖ All group class sign-ups are on a “first come, first serve” basis only.
- ❖ All group classes require a minimum of 4 students to remain on the schedule and are limited to a maximum of 8 students.
- ❖ Students wishing to retain their place in a group class on a continuing basis may do so only by purchasing packages in advance and without lapse.
- ❖ Placement in group classes cannot be guaranteed after unpaid absences.
- ❖ Any extra 5th day in the month will be reserved for **instructor make-ups only**.

MISCELLANEOUS

Frequency

- ❖ The STOTT PILATES® method of exercise may be done everyday. As with any exercise program, consistency is key & students are encouraged to take classes or sessions 3-4 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:

- ❖ Please wear comfortable, form-fitting clothes that provide adequate coverage to classes and sessions.

Shoes:

- ❖ Shoes are not worn for Pilates, unless students require orthotics. Aerobic/dance shoes are recommended for Barre classes.

Cell Phones:

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

Children:

- ❖ Children under the age of 18 must be attended by an adult at all times and may not disrupt classes or sessions.

Fragrances:

- ❖ Please do not wear perfumes or other strongly fragranced health & beauty products to the studio.

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 a certificate (2014) in Total Barre™ and certifications (2003) for Mat and Reformer in the STOTT PILATES® method. All of which is based on the teachings of Joseph H. Pilates with the incorporation of 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 from your physician prior to allowing your participation in any classes or training:

**heart disease - lung disease - stroke - neurological disorders - surgeries
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: _____