



Karmel Pilates
Votre passage au bien-être
Your path to well being

HEALTH EVALUATION

(ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL)

NAME: _____

ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE _____

TELEPHONE: _____ CELLULAR: _____

EMAIL: _____

DATE OF BIRTH: _____ EMERGENCY CONTACT: _____

FAMILY PHYSICIAN: _____ DATE OF LAST CHECK UP: _____

EMPLOYMENT: _____

PRESENT ACTIVITIES & GOALS EXPECTED: _____

	YES	NO
CARDIAC PROBLEMS	_____	_____
HYPERTENSION	_____	_____
ARE YOU PREGNANT	_____	_____
HIGH CHOLESTEROL	_____	_____
VARICOSE VEINS, CIRCULATION PROBLEMS	_____	_____
MEDICATIONS / SUPPLEMENTS / VITAMINS	_____	_____

DO YOU SMOKE?	_____	_____
ASTHMA, BRONCHITIS	_____	_____
DIZZINESS/ FAINTING / EPILEPSY	_____	_____
DIABETES, OR THYROID PROBLEMS	_____	_____
ALLERGIES	_____	_____
OSTEO/ ARTHRITIS	_____	_____
MEDICAL RESTRICTIONS OR OTHER PROBLEMS?	_____	_____

I, _____ HEREBY STATE THAT THE INFORMATION PROVIDED TO KARMEL PILATES INC. IS TRUTHFUL AND COMPLETE. BY AGREEING TO THIS REGISTRATION FORM, I, MYSELF ASSUME ALL RISKS ASSOCIATED WITH PARTICIPATION IN THIS ACTIVITY INCLUDING, BUT NOT LIMITED TO FALLS, CONTACT WITH OTHER PARTICIPANTS, THE EFFECTS OF WEATHER, EQUIPMENT, CONDITION OF FACILITIES, ALL SUCH RISKS BEING KNOWN AND APPRECIATED BY ME. I ACKNOWLEDGE THAT IT IS STRONGLY RECOMMENDED TO CONSULT A PHYSICIAN BEFORE BEGINNING ANY FITNESS PROGRAM. HAVING READ THIS WAIVER AND KNOWING THESE FACTS, I, AND ANYONE WHO ACTS ON MY BEHALF, WAIVE AND RELEASE KARMEL PILATES AND THEIR REPRESENTATIVES AND SUCCESSORS FROM ALL CLAIMS OR LIABILITIES OF ANY KIND ARISING OUT OF MY PARTICIPATING OR MY CHILD (CHILDREN) IN THIS ACTIVITY EVEN THOUGH THAT LIABILITY MAY ARISE OUT OF NEGLIGENCE OR CARELESSNESS ON THE PART OF THE PERSONS NAMED IN THIS WAIVER. I HAVE READ AND UNDERSTAND THE ABOVE WAIVER OF PARTICIPATION. IN ADDITION, MY ACCEPTANCE OF THIS WAIVER SIGNIFIES MY PERMISSION THAT ANY PHOTOGRAPHS TAKEN WHILE PARTICIPATING IN ACTIVITIES AT THE KARMEL PILATES WILL BECOME PROPERTY OF KARMEL PILATES WILL AND MAY BE USED IN PUBLISHED MATERIALS.

SIGNED _____

DATE: _____



24 HOUR CANCELLATION POLICY

IN ORDER TO BE ABLE TO MAKE UP MISSED CLASSES WITHOUT COST, WE REQUIRE A FULL 24 HOURS NOTICE IF YOU NEED TO CANCEL OR RE-SCHEDULE A CLASS.

THIS IS VITAL FOR THE GOOD FUNCTION OF THE STUDIO AND IT MEMBERS.

THE STUDIO RESERVES THE RIGHT TO MERGE/CANCEL OR CHANGE THE TIME/DAY OF CLASSES DUE TO LOW ATTENDANCE OR ENROLLMENT.

THANK YOU

MANAGEMENT

STUDIO POLICIES

- 1) Members must respect the studio, other studio members and it's instructors at all time. Failure to do so may result in suspension or dismissal.
- 2) Members must be on time. Instructors reserve the right to refuse a member if he/she is late.
- 3) Members agrees to pay 35\$ for NSF cheques.
- 4) Members declare to be physically fit and to have medical approval to practice Pilates.
- 5) Classes must be done without excessive forcing and with moderation to the natural capacity of each individual. Instructors are unable to determine the individuals personal limitations, the member will have to monitor his/her own flexibility and capacity. Members will not hold the studio or its instructors liable for any injuries that occur while exercising or damages originating from health problems or wrongful practice.
- 6) Members will notify the studio of any changes to their personal and medical status.
- 7) Member agrees to notify the studio of pregnancy.
- 8) Outdoor shoes are prohibited in the center.
- 9) The studio reserves the right to merge/cancel or change the time/day of classes due to low attendance or enrollment.
- 10) Members that do not attend classes without giving proper notice will not be entitled to a refund or make up classes. All make up classes must be taken within the current session. Private sessions must be paid in full prior to the session, failure to attend will result in loss of funds.
- 11) The studio reserves the right to cancel a contract at anytime due to high absences.
- 12) The studio is not responsible for any lost or stolen items on the premises.
- 13) NO REFUNDS
- 14) HAVE FUN!!!!!!

www.karmelpilates.com

5001 BOULD DES SOURCES, PIERREFONDS, Q.C H8Y 3E3

T 514 676 1407

E info@karmelpilates.com



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SIGNATURE _____ DATE _____

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