



Welcome to The FitLab253!

You have made a wonderful choice in choosing us as your fitness facility. In your first session you will fill out a complete client information package, undergo a body composition assessment & postural and functional assessment in addition to receiving your initial Pilates introduction. Your first five private sessions will include the Principals of Pilates and basic/essential exercises. After your first five private sessions, you may join in our Pilates Group classes\* or stay with one on one.

At the beginning of each session your instructor will do a postural scan and evaluate pain and the proper movement for each session. This way we can properly identify and create a workout program to achieve your goals and needs.

After your first few sessions you will notice your strength and flexibility is increased. Physical pain resulting from muscular imbalances and injury will be greatly minimized. Postural muscles as well as overall muscular tone will be improved. Even if you have suffered before from chronic pain or injury, you will notice that the pain is subsiding and your rehabilitation greatly improving.

We, at The FitLab253, look forward to helping improve your overall health and wellbeing.

\*Must have instructor approval before joining group classes

**New Client Information**

Name: \_\_\_\_\_ Date : \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail \_\_\_\_\_ (we also send out newsletters and coupons)

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Occupation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

The FitLab253 uses an online scheduler called Mindbody. This allows clients to book, cancel, and keep up with their series cards online. The system will also notify you of all appointments 24hrs. prior by email. Please enter your email address so we can add you to our Mindbody system. If you cannot make your appointment we ask that you give us 24 hours notice so we can early cancel the appointment. Appointments not cancelled before the 24 hour mark will be charged in full.

**How did you find out about The FitLab253 If applicable, please include the name of the person who referred you. (Friend, doctors, physical therapists, etc.) .**

Newspaper  Internet  Phone Book  Friend \_\_\_\_\_  Other \_\_\_\_\_

**Are you a member of Facebook? \_\_\_\_\_ If yes, check us out there!**

**Health history**

Did a Physician, Physical Therapist, or other medical professional refer you here? Y N

Who may we thank: \_\_\_\_\_

May we contact your health professional, or did they send instructions? \_\_\_\_\_

Medical Professional's Name & Phone: \_\_\_\_\_

Are you currently under the care of the following:

\_\_\_\_\_ Physical Therapy, if so Name \_\_\_\_\_

\_\_\_\_\_ Chiropractic Care, if so Name \_\_\_\_\_

\_\_\_\_\_ Massage or other bodywork, if so Name \_\_\_\_\_

1. Does your physician know you are beginning this exercise program?

Do you currently take any medications?

Do these medications affect your exercise program?

2. Do you smoke? Yes No

3. How many hours of sleep do you average per night?

5. Are you interested in learning more about better nutrition (1 being low and 10 being high)?

If yes, how would you rate your nutrition?

6. How would you rate your overall stress level on a scale of 1 to 10 (1 being low and 10 being high)?

7. Describe your physical condition:  Poor  Fair  Good  Excellent

Have you had any new/continuous health conditions or problems?

8. Are you Pregnant? Y N Due Date: \_\_\_\_\_

Have you given birth within the last 6 months?

9. Do you currently have or do you have a history of the following?

Y	N	CONDITION	ONSET/DURATION/SEVERITY/LOCATION
		Lower Back Issues	
		Upper Back Issues	
		Neck Problems	
		Disc Issues (level)	
		Scoliosis	
		Sciatica	
		Hip, Knee, Ankle Issues	
		Foot Issues	
		Shoulder Issues	
		Repeated Shoulder Dislocations	
		Difference in leg length	
		Tendon/Ligament/Muscle Strains	
		Arthritis-Type	
		Joint replacement	
		Osteoporosis	
		Headaches	
		Neurological Conditions	
		Numbness/Tingling	
		Vertigo/Dizziness	
		High/Low Blood Pressure	
		Heart Disorder	
		Seizures	
		Diabetes	
		Cancer	
		Abdominal Surgery (hysterectomy, hernia)	
		Other Issues or concerns	

**Lifestyle questions**

10. Please check the following classes or sessions you are interested in.

Only Private Pilates Sessions \_\_\_\_\_

I want to get into group classes a.s.a.p. \_\_\_\_\_

I want to take a mixture of the following classes (please check):

*Body Pump*\_\_\_\_ *Yoga*\_\_\_\_ *Pilates Mat*\_\_\_\_ *Spin*\_\_\_\_ *Ballroom*\_\_\_\_ *Barre*\_\_\_\_ *Zone*\_\_\_\_ *TRX*\_\_\_\_

I am interested in the unlimited membership programs \_\_\_\_\_

11. Please list all current and any meaningful previous activities.

Yoga       Aerobics/etc.       Skiing       Biking       Hiking       Running

Weight Lifting       Swimming       Climbing       Dance       Walking       Other

Pilates      **Previous Number of Pilates Sessions:** \_\_\_\_\_ **With whom?** \_\_\_\_\_

Have not been active for 6+ months. Why? \_\_\_\_\_

12. What are your fitness goals?

- 1.
- 2.
- 3.

13. How will you measure your success?

14. What would your ideal workout schedule look like weekly? (Please list type of workout & include your rest days)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

15. Please circle your preference of class types/times:

MON – TUES – WED – THURS – FRI – SAT – SUN

Private Sessions                      Duets                      Small Groups

Morning                                  Afternoon                      Evenings

60 Minutes                              30 Minutes

## Waiver of Liability, & Informed Consent

Please read and initial each statement below to indicate your understanding and agreement, then sign and date at bottom of page.

1. \_\_\_\_\_ The risk of injury from activities in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist:
2. \_\_\_\_\_ And, I am aware that it is my responsibility to inform my instructor of any pre-existing conditions before participating in any FitLab253 activities. I further understand that FitLab253 holds no liability regarding such pre-existing conditions.
3. \_\_\_\_\_ I agree to inform my instructor of any new injuries or conditions (including pregnancy) and I agree I am freely participating in FitLab253 activities with these known conditions I assume full responsibility for my participating in these activities.
4. \_\_\_\_\_ I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of others, and assume full responsibility for my participation.
5. \_\_\_\_\_ I agree to comply with The FitLab253's conditions of participation, and abide by The FitLab253 policies, including health and safety policies. While participating in the FitLab253 activities, I agree to report any hazard, safety issue, and will act to avoid injuring myself, or others in case said hazard occurs.

### Studio Policies

1. \_\_\_\_\_ I understand there is a 24-hour cancellation policy for private, duet, reformer, and mat class sign ups, and that I will be charged in full if I fail to provide appropriate notice.
2. \_\_\_\_\_ All session cards expire 6months after first use
3. \_\_\_\_\_ No refunds, only exchanges and studio credit.

I have read this release of liability and assumption of risk agreement and fully understand that I assume all risk for undertaking the FitLab253 activities. I understand I have given up substantial rights by signing and agreeing to these terms. I attest that I am signing this agreement freely and voluntarily, without any inducement.

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CLIENT SIGNATURE/ Or Parent if a Minor

Date