

Contact Information:

Name: _____
 Last First MI

Address: _____

City: _____ Zip: _____

Phone: (____) _____ Cell: (____) _____

E-mail: _____

Date of Birth: _____ Gender: M/F

Emergency Contact: _____ Phone: _____

We'd love to hear how you heard about us: _____

24-Hour Policy

_____ The Pilates Nook requires 24 hours notice of cancellation. If you cancel less than 24 hours in advance, you will be charged for the full amount of your class or appointment. I have read and acknowledge this.

Please indicate your fitness experience:

Aerobics Dance Martial Arts Pilates Running Swimming Golf Yoga

Other: _____

Do you have a history of:

High Blood Pressure Heart Problems Asthma Joint Problems Osteoporosis

Diabetes Whiplash Slipped Disk Spinal Degeneration Arthritis Scoliosis

Other: _____

Please list any injuries and/or surgeries: _____

Please tell us your goals: _____
