Good 2 the Core Pilates Winter 2012 Registration
Bonavista Physio

Name: _____ Address: _____

Phone Number: _____ (H) _____ (cell) e-mail address: _____

Date of Birth: _____ Occupation: _____ Doctor _____

_____ Wednesday 7:30pm January 11 – March 21, 2012 - No class Feb. 15th, 2012
(10 sessions) cost = $150

- How did you hear about our Pilates Programs, or who referred you? _____
- Have you done Pilates exercise before? No____ Yes ____ If yes how many years? _____
- Rate your current activity level 1 to 5 (1 = very inactive & 5 = very active) circle choice
  1 2 3 4 5
- Rate your current flexibility on a scale of 1 to 5 (1= poor flexibility & 5=very flexible) circle choice
  1 2 3 4 5
- Rate your posture on a scale of 1 to 5 (1 = very poor posture & 5 = very good posture) circle choice
  1 2 3 4 5
- Which statement best describes your understanding of "core strength" –check statement:
  __ I don't know what "core strength is, or how to target this area
  __ I'm just learning about "core strength but don't know how to exercise the "core muscles"
  __ I have some knowledge and know some exercises to target and work on "core strength"
  __ I have a good understanding about the core, and how to address these muscles
- Do you receive any of the following therapies or treatment for injuries or pains/aches? If checked "yes" then write frequency of treatments:
  Massage _____ Chiropractic _____ Physical Therapy_____

  Physician_____ Acupuncture _____ Other: _____
- Do you have any of these listed Health issues or history of any of these issues:
  Arthritis _____ Asthma _____ Angina _____ Heart attack _____ Diabetes _____

  Back Pain _____ Neck Pain _____ Whiplash _____ High Blood Pressure _____

  Pregnant _____ Osteoporosis _____ Recent Surgery _____ Other: _____

Please consult your physician prior to participating in any exercise program.
Terms & Conditions: *I am aware that there are risks associated with participation in fitness and exercise. My participation is completely voluntary, and I freely accept and fully assume all responsibility for all risks and possibilities of personal injury, property damage or loss to myself or any other person as a result of my participation in these Pilates exercise programs. I agree, as do my heirs, next of kin, executors, administrators and assign: to be liable and hold harmless and release Good 2 The Core Pilates, the instructor Dana Mitchell, and Bonavista Physio from any claims for loss or damage I may have and shall indemnify and hold the aforementioned parties harmless from such claims by third parties.*
I have read and accept all the terms applicable to the transaction(s) in this agreement:

Client signature: _____ Date: _____

If you have any injuries or health concerns, please consult with your physician or health care provider prior to participating in this or any exercise program.