



# PILATES NIAGARA

## Class Registration Form

In order to simplify the registration process, please fill in this form completely and return to the studio with full payment 2 weeks prior to the start of classes to ensure your space. Classes are reserved on a first come, first served basis. A waiting list will be taken once classes are filled.

**Client Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Client Phone Number:** \_\_\_\_\_

**Class 1) – Day & Time:** \_\_\_\_\_

**Class 2) – Day & Time:** \_\_\_\_\_

**Class 3) – Day & Time:** \_\_\_\_\_

**Total Cost:** \_\_\_\_\_

**Method of Payment:**      Cash              Cheque              VISA              MasterCard  
(circle one)

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

I hereby authorize Pilates Niagara to bill my credit card for the above specified amount. The cardholder will pay the total amount shown to card issuer according to cardholder agreement.

Cardholder's Signature: \_\_\_\_\_



*PILATES NIAGARA*  
Client Information and Studio Policies

Name: \_\_\_\_\_ Birthdate (mm/dd/yy): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

May we email you with studio events & promotions?  YES  NO

**TERMS AND CONDITIONS OF TRAINING**

**Client agrees:** This agreement represents the entire agreement of training with Pilates Niagara and no other representations are made than what is agreed to in this agreement. To abide by Pilates Niagara's policies and regulations. In recognition of the possible dangers connected to any physical activity, the Client agrees to indemnify Pilates Niagara for all costs incurred in respect to any legal action involving the client. The client shall have defaulted under the Training Agreement if the client's payments are in arrears more than 14 consecutive days past the due date. If the Client defaults under the Training Agreement, the client agrees to pay the balance owing under the total contract price. **The client's failure to use the training package will not relieve the client of payment.**

**Training Agreement Cancellations:** You, the client, can cancel this agreement within 5 days after you receive a copy of the agreement. You do not need a reason. Cancellation must be in writing and be delivered to Pilates Niagara with a post mark no later than 5 days after receipt of this agreement. The payment received from the client will be refunded within 30 business days of receiving the cancellation letter. Any training sessions already conducted will be charged at individual session fees and deducted from the refund. If by reason of permanent disability, the client is unable to use the training package, the client may cancel this agreement by sending all training fees due at the time of disability, a \$25 cancellation fee plus written physical verification of disability to Pilates Niagara. Other than provided for in this agreement, the Agreement cannot be cancelled or transferred and is non-refundable. The client acknowledges having read and understood this Agreement and has received a completed, signed copy of the Agreement.

**CONSENT TO PARTICIPATE – CLIENT WAIVER**

In consideration of being allowed to participate in the activities and programs of Pilates Niagara, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERS**, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from the participation; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS, PILATES NIAGARA, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH**, or loss or damage to the person or property, **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.**
5. **I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Client's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_



*PILATES NIAGARA*  
Client Information and Studio Policies

Client Name: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

1. How did you hear about Pilates Niagara? Who referred you for Pilates training? (Please specify name)

2. Do you have any recent injuries, aches or pains? (Please check affected area and describe).

- Neck       Shoulders       Elbows       Wrists &/or Hands       Mid back  
 Lower Back       Hips       Knees       Ankles / Feet

Please describe:

3. Do you have any past injuries, surgeries, aches or pains? (Please check affected area and describe).

- Neck       Shoulders       Elbows       Wrists &/or Hands       Mid back  
 Lower Back       Hips       Knees       Ankles / Feet

Please describe:

4. Have you ever been diagnosed by a health professional as having any of the following:

- High Cholesterol       Epilepsy       Osteoporosis       Current Pregnancy  
 Arthritis       Allergies       Emphysema       Diabetes  
 Heart Related Condition(s)       Fibromyalgia       Other

Further Description (if needed please use reverse of paper):

5. Are you presently doing any kind of therapy? (eg. Massage, physiotherapy, chiropractic)

6. Are you or were you active in any sports, exercise programs, physical activity? Please describe.

7. Have you had any past training in the Pilates method of movement? If yes, where?

8. What is your occupation? What does your typical day involve physically? E.g. sitting at computer, lifting, etc.

9. Are you currently taking any medications? If yes, please list name of medication, dosage and condition it is required for.

10. What are your exercise goals? What do you want most from your Pilates training?



# PILATES NIAGARA

## Client Information and Studio Policies

1. All clients must fill out a Client History form before formal sessions begin. In some circumstances, you (the client) may be asked to have your doctor complete a medical clearance before formal sessions begin.  
Client Initials: \_\_\_\_\_

2. You (the client) are responsible for your attendance during the group session. Pilates Niagara will not be held responsible for any absences.  
Client Initials: \_\_\_\_\_

3. In the event of your instructors' illness or illness of your instructors' child(ren), a replacement instructor may be called in to substitute. If this is not possible, the class may be cancelled and rescheduled for a later date or a complimentary class may be offered.  
Client Initials: \_\_\_\_\_

4. In the event of inclement weather causing studio closure, all classes will be cancelled. Please contact the studio if you are unsure whether the class will be running. A detailed message on our voice mail will be left regarding the status classes.  
Client Initials: \_\_\_\_\_

5. Once a schedule of class times has been distributed, Pilates Niagara requests that you (the client) do your best to arrive early for class. This will allow you, and others, to settle in before class begins. Arriving late can be distracting and disturbing for other participants.  
Client Initials: \_\_\_\_\_

6. Group class session payments are non-refundable. Please refer to your training contract.  
Client Initials: \_\_\_\_\_

7. If you (the client) show just cause for contract cancellation (please refer to your training contract) you will be offered a contract transfer option. Contracts can be transferred to any other client that is not currently training at Pilates Niagara.  
Client Initials: \_\_\_\_\_

8. If, at any time, you (the client) demonstrate just cause for a refund, the amount of sessions used will be totalled. The refund or additional funds payable by you will be based on this final amount.  
Client Initials: \_\_\_\_\_

9. If you (the client) demonstrate just cause for cancellation of the remaining portion of your Group Training Contract, you will be charged for the number of classes attended (see previous policy) and a \$25.00 administration fee.  
Client Initials: \_\_\_\_\_

10. Any non-sufficient fund cheques received from you (the client) will be subject to a \$35.00 fee. This will cover Pilates Niagara's administration fee and any fees charged to Pilates Niagara by the bank.  
Client Initials: \_\_\_\_\_

11. If you are unable to attend a class, a make up class will be offered based on availability of space within another class. Make up classes are to be completed **within the same session as the missed class**. **Missed classes may not be completed in a later session.** *No cash refunds are provided for missed classes.*  
Client Initials: \_\_\_\_\_

12. Pilates Niagara is not responsible for any loss of or damage to personal items while in or outside the Training Studios and/or 2 Pelham Town Square, Pelham Professional Arts Building.  
Client Initials: \_\_\_\_\_

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

Client's Signature: \_\_\_\_\_