



# CENTERED BODY PILATES, LLC

2928 Main Street 2<sup>nd</sup> Floor Glastonbury, CT 06033

## General Information and Consent Form

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Ph: \_\_\_\_\_  Cell  Home

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

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

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

Emergency Contact (name): \_\_\_\_\_ Ph: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Ph: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Who referred you? \_\_\_\_\_

Please respond to the following to help us evaluate your individual needs.

**Please circle your response.**

	Very Poor		Poor		Average		Good		Excellent	
How is your general sense of well being?	1	2	3	4	5	6	7	8	9	10
How is your general mood?	1	2	3	4	5	6	7	8	9	10
How is your general mobility?	1	2	3	4	5	6	7	8	9	10
How is your general cardiovascular condition?	1	2	3	4	5	6	7	8	9	10
How is your general strength level?	1	2	3	4	5	6	7	8	9	10
How is your general endurance?	1	2	3	4	5	6	7	8	9	10

Do you give CBP permission to send wellness reports to your physician? YES NO

### Exercise Information

Please list your current fitness and wellness goals:

\_\_\_\_\_

Are you currently involved in an exercise program or currently exercising: Yes No If so, please describe:

\_\_\_\_\_

What activates or types of exercise do you prefer/enjoy? \_\_\_\_\_

What are your expectations of Centered Body Pilates? \_\_\_\_\_

Exercise preference? Alone Group Best time of day to exercise? Morning Afternoon Evening

Time willing/able to spend each workout? \_\_\_\_\_

Motivational factors? \_\_\_\_\_

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

### **Medical History**

*Please circle*

Have you been diagnosed with high blood pressure? If so, what medications are you taking: _____	Yes	No	Do you have any heart problems? Have you had surgery in the past 3 months?	Yes	No
Do you have a chronic or acute illness? If so, please describe: _____	Yes	No	Do you have any mental illness?	Yes	No
Do you have any musculoskeletal issues that may be aggravated by exercise? If so, please describe: _____	Yes	No	Are you currently under the care of a doctor? If so, please describe: _____	Yes	No
Do you have diabetes?	Yes	No	Are you 60 years of age or older:	Yes	No
Are you taking any medications on a regular basis? If so, what kind(s): _____	Yes	No	Do you use tobacco products ? If so, how often: _____	Yes	No
Are you pregnant?	Yes	No			
Do any positions, exercises or activities cause any pain or anxiety? If so, please describe: _____	Yes	No			

Please list any other problems or concerns relating to exercise or movement:  
\_\_\_\_\_  
\_\_\_\_\_

**STOP!! IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS AND CHOOSE NOT TO OBTAIN A DOCTOR'S WRITTEN RELEASE TO EXERCISE, PLEASE READ AND SIGN THE FOLLOWING:**

**WAIVER OF CLAIM AND ASSUMPTION OF RISK.** Each member is advised that the use of *Centered Body Pilates* facility may be dangerous and hazardous, and may involve possible risk of bodily injury and perhaps even death. Each member, and each guest or dependent, assumes full risk to his or her person and property arising out of the use of *Centered Body Pilates* facility, activities sponsored by *Centered Body Pilates*, or transportation provided by *Centered Body Pilates* and agrees to release, indemnify, and hold *Centered Body Pilates* harmless from any and all risk and liability, except as may arise from the negligent acts or omissions of willful misconduct on the part of *Centered Body Pilates*. Each member further agrees to indemnify *Centered Body Pilates* for all legal expenses incurred in defending any claim or action brought against *Centered Body Pilates* to recover damages sustained through any accident or injury caused by such member, member's guest, or dependent. By signing, I am agreeing to the prior statement and am choosing not to obtain a medical release from my physician recommended by *Centered Body Pilates* based on assigned risk factors above.

### **ASSUMPTION OF RISK AND WAIVER OF LIABILITY**

I (print name) \_\_\_\_\_, understand that there is an increased chance of injury with any form of exercise. I accept complete responsibility for my health and well being in this voluntary exercise/fitness program and related testing. I understand that no responsibility is assumed by Centered Body Pilates and employees of Timothy Durant Physical Therapy, LLC.

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

### ***Principles Program and Reformer Core Class Policies***

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1. The Principles Program consists of two phases which meet twice a week for an hour for a total ten-week series. Reformer Core classes are scheduled by class where the client will determine their own schedule.
2. Once registered for the Principles Program, weekly class times are selected. This class time will typically remain the same throughout Phase 1 and Phase 2 of the Principles Program Series. Space in Reformer Core classes will be reserved upon payment.
3. The purchase price for each Principles Phase is \$297 plus tax. There is a 15% discount if both phases of Principles Program are purchased (2 phases individually = \$594; with 15% discount 2 phases = \$505 plus tax). Core classes are offered at individual drop-ins \$34 plus tax per class, discounted multi-class packages, or unlimited membership requiring a 3-month commitment.
4. **You must inform your instructor of any physical changes to your body or injury that might have occurred before taking a class.** It is your responsibility to determine if you are fit to participate in class. Classes such as Jump Board may not be considered safe for those with specific conditions.
5. **12 hours notice is required for all cancellations for ALL Reformer Core classes.** If less than 12 hours notice is given or no notice at all, and we are unable to fill your space, you will forfeit that session.
6. **If the client is more than 10 minutes late**, it will be assumed that the client is a “no-show” and will be charged for the full scheduled class. If there is a client on the wait list they can assume your position ten minutes after the start of class.
7. If the client has **not** responded to their wait-list email within 1 hour of class, they will be removed and the next in line off the wait-list will be offered the class.

### ***Additional Principles Program Policies***

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1. **There are no refunds granted.** Payment is required to register for this program.
2. Make-up sessions will be offered in another class at **your current Phase**. Class make-up is dependent upon space availability. Because of space demand, a **12-hour notice is required for all cancellations on scheduled classes and make-ups**. If less than 12-hour notice is given or no notice at all, then the student will forfeit the make-up.
3. It may be at an instructor’s recommendation that some students remain at the same Phase if they seem to be having difficulty in the mastery of movements at their current level by the end of the Principles program before moving into the Core classes offered after completion.
4. **At times it may be required to have an additional private training session to make-up class material missed.** The rate structure for this follows the CBP Supplemental Principles Private Session rate \$65 plus tax an hour. This rate is deeply discounted from a traditional private session exclusively for Principles students from \$85 plus tax an hour.
5. If you miss more than two consecutive classes without supplementing with private sessions **you may not** do the new exercises introduced and **you must** get the instructors approval before returning to class due to safety concerns.
6. Classes that are canceled due to holiday, inclement weather, or instructor unavailability will be made up through another class offering and/or an additionally scheduled date. Please know we do all we can to avoid this situation.
7. If it is necessary to change your schedule/class time for the next phase series, **please notify your instructor two weeks prior to the end of the series** so we can look at space availability.

### ***Private, Semi-Private & Trio Pilates Policies***

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1. Private training sessions begin at the scheduled session time agreed upon by the instructor and the client.
2. Payment is required to schedule a private or semi-private appointment.
3. Prepayment is required to reserve your private session(s). Reservations will **NOT** be made without prepayment.
4. There is a 24-hour cancellation policy that applies to all Private/Semi-Private/Trio sessions. If 1 of the Semi OR 1 or 2 of the trio can’t make the scheduled session, they will forfeit that full session.
5. If 1 of the Semi OR 1 or 2 of the trio cancels with enough notice, the remaining client(s) can purchase either a private or semi-private session accordingly.
6. If the client is more than 10 minutes late and no call is made to the office, it will be assumed that the client is a no show and will be charged for the full session fee.
7. The client will be responsible for completion of the number of sessions purchased. **There are NO refunds. No exceptions.**

**I UNDERSTAND AND AGREE TO THE ABOVE POLICIES SET FORTH BY CENTERED BODY PILATES, LLC. I FEEL THAT THEY ARE REASONABLE AND UNDERSTAND THAT THEY EXIST IN ORDER TO HELP ME REACH MY GOALS AND STRENGTHEN MY COMMITMENT TO MY FITNESS, HEALTH, AND OVERALL WELLNESS.**

I, (please print) \_\_\_\_\_, understand that there is an increased chance of injury with any form of exercise. I accept complete responsibility for my health and well being in the voluntary exercise-fitness programs and understand that no responsibility is assumed by *CENTERED BODY PILATES and Employees of CBP, LLC*.

Client Signature: \_\_\_\_\_

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

***Please ask if you would like a copy of these policies to keep for your records.***