



Welcome to Our Studio!!

We are excited you have chosen our studio and intend to bring you the best instruction and facilities possible. This information sheet serves to bring you awareness of how our studio works and what we can do for you and what we need from you to assure a great experience!

Please read carefully all of the info. Below, sign and date at the bottom and Please ask your instructor if you have any questions or concerns about our policies.

STUDIO CANCELLATION POLICY: We adhere to a 24 hour notification policy to not be charged for a missed session. We understand things happen and unexpected circumstances arise. Each instructor has arranged their schedule to accommodate your requested time. Ultimately it is up to the discretion of the instructor to charge for a missed session.

NOTIFICATION PROCESS: As you come to the studio you will be paired with one of our well trained instructors. You will receive their contact info. and their preferred mode of communication with you. Please do not call the studio line to cancel a session. This is a call forwarding system and also cannot receive text messages.

Our cancellation policy also adheres to scheduled semi-private and group sessions. Ex. If you are part of an ongoing group class and you must late cancel you will still be charged the group rate on your account.

In the event you know ahead of time that you will miss a scheduled class that is semi-private or group. You will not be charged, the other clients in your group will be notified and the rate will defer to the existing number of clients attending. Ex. A group of 3 that only 2 are scheduled to come on a set day will be billed at the semi-private rate.

Instructor changes, subs etc.

Schedules and availabilities of instructors and clients change all the time for many reasons. It is possible that the original instructor you started with may need to change. We will work hard to make your scheduled sessions as convenient as possible.

PAYMENTS/ACCOUNTS

Our studio accepts cash, check and Visa/MC. (a 2% surcharge will be assessed to purchases made through Credit cards.) Packages are to be pre-paid in full and client's running account balances will be notified by the instructor when they are due again. There will be no refunds of pre-paid packages or account balances. You may transfer a balance however to another individual if you wish.

Client accounts: It is customary for many of our clients to carry an ongoing balance particularly if you are attending multiple sessions at different rates i.e. a private and a group class. Please consult with me or your instructor concerning this.

Join us on FACEBOOK! Smartbody pilates! Please like our studio and follow upcoming events and notifications. We will add you to our newsletter list so you receive the newest happenings in the studio.

I have fully read Smart Body Pilates Studio policy and understand the procedures expected.

Client: _____

Instructor: _____

Date: _____



POLICIES, HEALTH SURVEY, AND PROTOCOL

CLIENT INFO:

DATE: _____

NAME: _____

ADDRESS: _____

PHONE: (H) _____ (W) _____ (M) _____

DOB: _____

EMAIL: _____

EMERGENCY CONTACT: _____

HOW DID YOU HEAR ABOUT US?: _____

HEALTH AND PHYSICAL ACTIVITY READINESS QUESTIONNAIRE:

ACCIDENT AND INJURY HISTORY: (PLEASE INCLUDE ANY ONGOING CHRONIC CONDITIONS OR ONGOING ILLNESS)

- IF YOU HAVE LISTED ANY CONDITIONS ABOVE, HAVE YOU BEEN APPROVED BY YOUR MEDICAL PROFESSIONAL TO PARTICIPATE IN A PILATES PROGRAM? ____ INITIAL ____

HAVE YOU EVER BEEN DIAGNOSED WITH:

--HIGH BLOOD PRESSURE --HEART PROBLEMS --JOINT PROBLEMS --DIABETES -- WHIPLASH

-- LIVER DISEASE --SPRAIN --FRACTURE --ASTHMA --CANCER

YES

NO

___ ARE YOU PREGNANT?

___ HAVE YOU GIVEN BIRTH IN THE PAST 6 MONTHS?

___ DO YOU HAVE AFAMILY HISTORY OF HEART DISEASE OR HBP?

___ DO YOU HAVE FREQUENT DIZZY SPELLS, VERTIGO OF FEELINGS OF FAINTNESS

___ DO YOU SMOKE?

ANY MEDICATIONS YOU ARE TAKING NOW THAT WOULD AFFECT YOUR ABILITY TO EXERCISE?

ARE YOU CURRENTLY RECEIVING ANY HEALTH/MEDICAL CARE? IF SO PLEASE SPECIFY WHAT MODALITY.

WHAT DOES YOUR CURRENT PHYSICAL ACTIVITY PROGRAM CONSIST OF?

WHAT IS YOUR PRIMARY REASON FOR CHOSSING PILATES TRAINING?

I HAVE ANSWERED THE ABOVE QUESTIONS ACCURATELY AND REALIZE THAT PARTAKING IN THIS EXERCISE PROGRAM IS AT MY OWN RISK. I FURTHER REALIZE IT IS MY RESPONSIBILITY TO HAVE HAD A REGULAR PHYSICAL EXAM WITH MY MEDICAL PROFESSIONAL TO ENSURE THIS PROGRAM IS APPROPRIATE.

I HEREBY RELAEASE SMART BODY PILATES INC. OR ANY PERSON (S) INVOLVED WITH SAID ORGANIZATION OF ANY LIABILITIES, INJURIES, OR ACCIDENTS THAT MAY ARISE FROM MY ASSOCIATION WITH SMART BODYB PILATES INC.

SIGNATURE: _____

GUARDIAN: IF UNDER 18 _____