

REGISTRATION

Scottsdale (480) 609-0060

Name:	Date:
Address:	Birthday:
City:	Zip
Home phone:	Work Phone:
Cell Phone:	Email:
Main Fitness Goal:	
How did you find us?	
How often do you exercise	
Have you tried Pilates before?	
Do you have a history of illness or injury? YES NO	
If yes, please explain:	
Are you currently under a Doctor's care? YES NO	
If yes, please explain:	
Doctor's Name:	Phone Number:
EMERGENCY CONTACT:	
Relation:	Phone Number:

Please turn to back of page

For office use:

Complimentary class instructor: _____
 Date and Class Time: _____

T/U Email: _____
 Hotmail: _____
 Constant Contact: _____
 Prospect: _____
 F/U Call: _____
 Welcome Email: _____

Scan Card # _____

Pricing:

Non - Refundable Reg. Fee	\$39
Unlimited Monthly Member Fee	\$97
10 Class Pass	\$150
Unlimited 2 Week Member Fee	\$55
Discount	

TODAY'S TOTAL

Payment Method: _____



Agreement and Release of Liability

1. In consideration of being allowed to participate in the activities and programs of **The Pilates Joe Method of Conditioning** conducted by **Pilates Joe of California, Inc.** and to use the facilities and equipment in addition to the fee or charge or for demonstration purposes, I do hereby waive release and forever discharge, **Pilates Joe of California, Inc. and Pilates Joe International, LLC** and their directors, officers, agents, employees, representatives, subcontractors, successors and assignees, administrators, executors, and all others from any and all responsibilities or liability from injuries or damages resulting in my participation in any activities mentioned above. I do hereby release all of those mentioned, and any others acting on their behalf, from any responsibility or liability for any injury or damages to myself, including those caused by the negligent act of any of those mentioned, or others acting on their behalf in any way arising out of or connected with my participation in any activities of **The Pilates Joe Method of Body Conditioning** developed by **Pilates Joe International, LLC** and conducted by **Pilates Joe of California, Inc.** located at 13802 N. Scottsdale Rd., Ste 128, Scottsdale, Arizona.

Please Initial Here - **Parent/Guardian -**

2. I understand and am aware that strength, flexibility, and aerobic exercise, including those of weights or equipment, are potentially hazardous activity. I understand that fitness activities involve the risk of injury and even death, and that I am voluntarily participating in these activities and using weights and equipment with the knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

Please Initial Here - **Parent/Guardian -**

3. I do hereby declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation or use of the facility or equipment except as hereinafter stated: I do hereby acknowledge that I have been informed of the need for a physicians approval for my participation in an exercise/fitness facility activity or in the use of equipment. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and the use of exercise and training equipment so that I might have his or her recommendations concerning these activities and equipment use. I acknowledge that I have had a physical examination and have been given my physicians permission to participate, or that I have decided to participate in this activity and use of equipment without the approval of my physician and do hereby assume all responsibility for my participation and activities, and the utilization of any equipment in my activities.

Please Initial Here - **Parent/Guardian -**

Date _____

Signature: _____

Date _____

Parent/Guardian: _____