

MADE TO MOVE PILATES

802-875-6683(move)

To better serve your health and fitness needs, please take a few moments to complete this form, sign the waiver and release form and the cancellation policy.

Thank you.

PERSONAL INFORMATION

Full Name _____

Address: _____

Home Phone: _____ Cell Phone: _____ Text msg Y N

Email Address: _____

Date of Birth: _____ Occupation: _____

Emergency Contact Information: _____

GENERAL INFORMATION

How did you hear about us? _____

Do you currently exercise/workout? Y N

If yes, what activities and where? _____

What are your hobbies? _____

Are you on medications? Y N Please list if Y _____

Are you pregnant? Y N Do you smoke? Y N Are you in pain? Y N

Have you had any injuries or surgeries in the last 5 years? Y N If yes, please explain:

What are your expectations of your sessions? _____

Do you have long term goals Y N? Please explain if Y: _____
