



Reformer Pilates Profile and Medical History

Mon-Fri 5:00am-9:00pm

Sat 6:30am- 8:00pm

Sun 8:00am- 6:00pm

802.296.2850 | www.uvacswim.org

Name _____

Cell Phone _____ Email _____

Address _____

Date of Birth _____ Height _____ Weight _____

How did you hear about our Reformer Pilates Program?

Accident and injury history – please tell us about any accidents and injuries including any permanent problems:

Spine: _____ Shoulder: _____ Hip: _____

Knee/Elbow: _____ Ankle/Wrist: _____ Other: _____

Please check all that may apply:

- Seizures Asthma Osteoporosis Scoliosis Cancer
- High Blood Pressure Heart Problems Muscle Cramps Shortness of Breath
- Diabetes Arthritis Pregnancy Vertigo
- Chronic Illness Chronic Fatigue Night Pain Other: _____

Recent Surgeries – Please describe (including dates): .

Current Medications: _____

What type of movement experience do you have? Check all that apply.

- Dance Yoga Running Swimming Aerobics Strength Martial Arts
- Pilates Flexibility Biking Ski/Snowboard
- Team sports (please list) _____ Other (please list) _____

Tell us what you want most from this Pilates experience and anything else the instructor should know!

ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

I understand that I, _____, will be participating in a fitness program through UVAC that will require physical exertion. Before beginning this program, I was asked by my instructor whether I have any physical limitations, or whether I am taking any medications or receiving any medical treatment that might make it unsafe for me to participate in this fitness program. There is no such limitation, medication, or medical treatment other than those I have written on the attached sheet. I understand that, by signing this statement, I am agreeing to not hold UVAC or any of its employees, apprentices, and instructors in training, owners, agents, or insurers responsible for any bodily injury or property damage that may suffer as a result of my participation in a fitness program through UVAC whether at UVAC, or elsewhere. As such, I understand and agree that UVAC, its employees, apprentices, instructors in training, owners, agents, or insurers shall not be liable for any bodily injury or property damage that may result either directly or indirectly from my participation in a fitness program through UVAC.

Participant's Signature: _____ Date: _____