



Reformer Pilates Profile and Medical History

Mon-Fri 5:00am-9:00pm
Sat 6:30am- 8:00pm
Sun 7:30am- 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, Other

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.

Participant's Signature: Date: