

New Client Information

Please print clearly. All information is kept private.

Personal Information

- Name: _____ Date: _____
- Occupation: _____ Date of Birth: _____
- Cell Phone: _____ Email: _____
- Emergency Contact Name: _____ Relationship: _____
- Cell Phone: _____
- How did you hear about us / who referred you: _____

Fitness Information

- Pilates experience: Yes No Level: Beginner Intermediate Advanced
- Top 3 specific fitness goals you want to achieve through Pilates:
 1. _____
 2. _____
 3. _____
- Current Physical Activities (**Check all that apply**):
 - Bootcamp/HIIT Cycling Dance/Barre Gardening/Yard work Hiking/Outdoor activities Physically active job Pilates Running/Jogging Strength training Sports (e.g., tennis, golf, pickleball, team sports) Swimming Walking Yoga
 - Other: _____ Frequency: 1–2x/week 3–4x/week 5+ x/week

Health Information

- General Health: Excellent Good Fair Poor
- List any concerns that may prevent you from exercising moderately to vigorously:

- Current or past injuries/accidents (*please list with dates if known*):

- Past surgeries (*please list with dates if known*):

- List any movement or positions you find uncomfortable or painful:

- **Are you currently receiving any of the following professional health care services:**

(Please check all that apply)

- Acupuncture Chiropractic Care Massage Therapy Nutritional Counseling
- Physical Therapy Medical Care (e.g. Primary Care Physician, Orthopedist, Neurologist, Psychiatrist, Podiatrist) Other: _____

Practitioners' names: _____

Health Conditions

- Has your doctor said you have a heart condition or that you should only do activity recommended by them: Yes No
 - Do you feel chest pain during physical activity: Yes No
 - Is your doctor prescribing medication for heart/blood pressure issues: Yes No
 - Have you ever lost balance or fainted due to dizziness: Yes No
 - Are you taking any medications that may affect your ability to exercise: Yes No
 - Do you have a joint/bone problem that could worsen with exercise: Yes No
 - Do you have any allergies: Yes No *Please list:* _____
 - **Do you currently have any of the following conditions or have you ever had:** *(Please check all that apply)*
 - Abnormal EKG Arthritis Back pain Breathing disorders Cancer
 - Circulatory disease Diabetes Dizziness Fainting disorder Heart attack
 - Heart disease High blood pressure Herniated disc Hypoglycemia
 - Joint hypermobility Joint pain Low blood pressure Migraines
 - Neurological condition Numbness Osteopenia Osteoporosis Seizure disorders
 - Shoulder impingement Scoliosis Stenosis Other *(please describe):*
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Women Only

- Are you currently in: Perimenopause Yes No / Menopause: Yes No
 - Do you suffer from Chronic Menstrual Concerns (pain, irregular cycles, etc.) Yes No
 - Are you currently: Pregnant Yes No / Postpartum: Yes No
 - *If yes:*
 - How many weeks _____ / How long since delivery: _____
 - Has your doctor advised any movement restrictions:

 - No. of full-term pregnancies: _____ No. of C-sections (if any): _____
 - Is there anything you would like your instructor to know about the following to support your safety and comfort: *(Check all that apply and add details below)*
 - Birthing complications (diastasis recti, perineal tears, pelvic organ prolapse, sacroiliac joint dysfunction)
 - Pelvic surgeries
 - Pelvic floor issues (related to pregnancy or not)
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DANCE INSTITUTE

ADULT PILATES LIABILITY WAIVER

As the participant signing below, I have voluntarily elected to participate in a dance and/or fitness training program at the facilities of Holland Dance Institute, LLC dba Dance Institute ("Dance Institute"). I acknowledge that, as with other athletic activities, there are risks inherent in dance and fitness training including, without limitation, the risk of injury to bones, joints, tendons, ligaments and muscles. If I experience an injury or I have concerns about a possible injury, I should and will promptly consult a physician and notify my instructor at Dance Institute.

By signing below, I assume the risks related to dance and/or fitness training at Dance Institute. I hereby release Dance Institute and its instructors, officers, managers, agents, volunteers, and employees (collectively, "Agents") from, and agree to indemnify and hold them harmless against, all claims (including claims of negligence), demands, actions, damages, liabilities, and expenses (including reasonable attorneys' fees) (collectively "Claims") arising out of or resulting from the dance and/or fitness training and the use of the Dance Institute facilities (including, without limitation, personal injury and the loss or destruction of personal property).

Emergency Medical Assistance

In the event I were to become ill or sustain an injury requiring emergency assistance, I authorize any Agent of Dance Institute to seek emergency medical assistance that, in Dance Institute's sole discretion, may be necessary for me (as applicable), and to arrange or provide transportation to a medical facility. In that event, I agree to pay (or cause my insurance carrier to pay, if applicable) the costs associated with such emergency medical assistance. I hereby release Dance Institute and its Agents from, and agree to indemnify and hold them harmless against, all Claims resulting from such emergency medical assistance, if provided to me or arranged for my benefit by Dance Institute.

Cancellation Policy

I acknowledge that a 24-hour cancellation notice is required for all private and duet Pilates sessions at Dance Institute. I understand that if I cancel a scheduled private or duet session less than 24 hours in advance, the full session fee will be applied. I acknowledge that any session shortened with less than 24 hours' notice is subject to the full session fee. I further understand that I am permitted two late-cancellation exceptions per year (August 1–July 31), to be used in the case of unforeseen illness or emergency.

If I participate in a duet session, I agree that both partners are jointly responsible for the scheduled appointment. I understand and agree that if one partner cancels with less than 24 hours' notice and uses a late-cancellation exception, the remaining partner will continue with the session at the private session rate.

I HAVE CAREFULLY READ THE ABOVE LIABILITY WAIVER, I FULLY UNDERSTAND ITS CONTENT AND SIGNIFICANCE, AND AGREE TO THIS WAIVER AND RELEASE IN CONSIDERATION OF ME BEING ALLOWED TO PARTICIPATE IN DANCE INSTITUTE'S TRAINING PROGRAMS. I AGREE TO BE FINANCIALLY RESPONSIBLE FOR THE COST OF ENFORCEMENT OF THIS INSTRUMENT. I AGREE TO ABIDE BY THE POLICIES AND RULES OF DANCE INSTITUTE. I AM SIGNING BELOW VOLUNTARILY.

_____ Date _____, 20_____
Participant's Name (please print)

Signature of Participant

What are your goals for Pilates?

(This is optional. It serves as a guide to help you figure out your goals if you are unsure.)

Please check all that apply:

Core & Postural Goals

- Improve core strength and stability
- Improve posture and spinal alignment
- Increase body awareness and control
- Reduce back pain or discomfort

Strength & Toning

- Build long, lean muscle tone
- Strengthen full body (legs, arms, etc.)
- Strengthen pelvic floor muscles

Balance & Coordination

- Improve balance
- Prevent falls or injuries
- Improve coordination

Flexibility & Mobility

- Increase overall flexibility
- Improve joint mobility
- Maintain or regain range of motion after injury or inactivity

Rehabilitation & Injury Prevention

- Rehabilitate after injury or surgery
- Prevent future injuries
- Support recovery from chronic pain (e.g., neck, shoulder, hip)

Sports or Activity-Specific

- Improve performance in other activities (e.g., dance, golf, running)
- Cross-train to support athletic performance

Mental & Emotional Wellbeing

- Reduce stress and tension
- Improve focus and mindfulness
- Support mental clarity and relaxation

General Health & Lifestyle

- Improve overall health and vitality
- Maintain independence as I age
- Establish a consistent exercise routine

Pregnancy/Postpartum Support

- Stay strong and mobile during pregnancy
- Prepare body for labor and delivery
- Rebuild core and pelvic floor after birth

DI Pilates Center Guidelines

*To ensure a safe and enjoyable experience for everyone, please keep the following in mind during your **mat class or private/duet equipment session**:*

Health & Safety

- Let your instructor know of any **past or current injuries or medical conditions beforehand**.
 - Ask for modifications during class to suit your needs and stay safe.
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Pilates Props & Equipment

- We recommend **bringing your own mat for classes**, though studio mats are available.
 - All other props will be provided. If you'd like to purchase your own, feel free to ask for recommendations.
 - For your safety, please use Pilates equipment **only under instructor supervision**.
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Attire

- Wear **comfortable, form-fitting clothes** that allow free movement in all directions.
 - **Avoid loose jewelry** that could interfere with movement.
 - If you wear a hat, **flip the visor backward when lying on your stomach** to support proper neck alignment.
 - **Bare feet or grippy socks** are recommended for stability and safety.
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Be Mindful of Others

- **Cell Phones:** Silence before entering. If needed, set to vibrate and step outside for calls.
 - **Arriving Late:** Enter quietly and close the door gently to avoid disrupting the class.
 - **Scent-Free Zone:** Avoid wearing strong perfumes or colognes, as others may be sensitive.
 - **Privates/Duet Sessions:** Please **wait in the lobby** if the door to the Pilates room is closed—your instructor may be finishing up another session.
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Food & Water

- **No food is allowed in the Pilates or dance rooms.** Candy (even gum) and medicinal lozenges pose a choking hazard while exercising. Please consume these in the lobby only.
 - **Water bottles are welcome!**
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*If you have any questions or suggestions, feel free to reach out.
We're here to help you have the best experience possible—enjoy your workout!*

DANCE INSTITUTE

Pilates Cancellation Policy

If you need to cancel a private or duet session, please let your instructor and duet partner know **at least 24 hours** in advance to avoid being charged. This helps everyone plan their time and allows us to offer the spot to another student who may be waiting.

We understand that unexpected things happen! Each year (August 1–July 31), you are granted **two free late cancellations** for unforeseen illnesses or emergencies. As soon as you know you won't be able to attend your session, please notify your instructor. If you need to shorten your session, the same **24-hour notice** applies to avoid being charged the full session fee.

Upon arranging duet sessions, partners agree that if one partner cancels with less than 24 hours' notice and uses a late-cancellation exception, the remaining partner will continue with the session at the **private session rate**.