

# New Student Information

Please print clearly. All information is kept private.

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## Student Information

- Student Name: \_\_\_\_\_ Date: \_\_\_\_\_
- Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
- Parent/Guardian Names: \_\_\_\_\_
- Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_
- Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
- Cell Phone: \_\_\_\_\_
- How did you hear about us/who referred you: \_\_\_\_\_

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## Fitness Information

- Pilates experience:  Yes  No Level:  Beginner  Intermediate  Advanced
- Top 3 fitness goals your student hopes to achieve through Pilates:
  1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
- Sports/physical activities your student is involved in (*check all that apply*):
  - Basketball  Baseball/Softball  Cheerleading  Cycling  Dance  Football  Golf
  - Gymnastics  Ice Skating  Martial Arts  Riding/Horseback  Soccer  Swimming
  - Tennis  Track/Running  Tumbling  Volleyball  Other: \_\_\_\_\_How often: \_\_\_\_\_

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## Health Information

- General Health:  Excellent  Good  Fair  Poor
- Any concerns that may prevent your child from exercising moderately to vigorously:  
\_\_\_\_\_  
\_\_\_\_\_
- Current or past injuries/accidents (*please list with dates if known*):  
\_\_\_\_\_  
\_\_\_\_\_
- Past surgeries (*please list with dates if known*):  
\_\_\_\_\_  
\_\_\_\_\_

- **Are there any specific movements or positions your child should avoid:**  
\_\_\_\_\_
  - **Is your child 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. Pediatrician, Orthopedist, Neurologist, Physiatrist, Podiatrist)  Other: \_\_\_\_\_  
**Practitioners' names:** \_\_\_\_\_
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## Health Conditions

- Have you ever been told by a doctor that your child should only exercise under medical supervision:  Yes  No
  - Does your child feel chest pain during physical activity:  Yes  No
  - Has your child ever lost balance or fainted due to dizziness:  Yes  No
  - Is your child taking any medications that may affect exercise:  Yes  No
    - If so, please list: \_\_\_\_\_
  - Does your child have a joint/bone problem that could worsen with exercise:  Yes  No
  - Does your child have any allergies or anaphylactic conditions:  Yes  No
    - If so, please list: \_\_\_\_\_
  - **Does your child currently have any of the following conditions:**  
(Please check all that apply)  
 Asthma or breathing problems  Back pain  Diabetes  Dizziness  Fainting  
 Growing pains or growth plate issues  Heart condition  Hypoglycemia  
 Joint hypermobility  Joint pain  Low blood pressure  Migraines / frequent headaches  Neurological condition  Orthopedic concerns  Seizures or epilepsy  
 Scoliosis or spinal concerns  Other (please describe): \_\_\_\_\_
  - Your child's instructor may use gentle, hands-on guidance to help with technique. Do you or your child have any preferences, concerns, or restrictions we should be aware of?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - Anything else you would like us to know:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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## 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**.