

Fox River Pilates Center Policies

- 1) All Equipment Classes, Private Sessions, and Duets require a reservation.
- 2) All classes and lessons are 55minutes in length.
- 3) For all Equipment Classes, Private Sessions, and Duets we have a **24 hour Cancellation Policy**. This means you must give at least 24 hours notice if you are unable to attend, otherwise you **will** be charged full price.
- 4) There are no reservations needed for any of our Mat Classes.
- 5) You have one year from the date of purchase to use any lessons bought.
- 6) There are no refunds on any lessons purchased.

Hours of Operation

Generally we are here Monday through Thursday, 8am to 8pm. Friday 8am to 5pm and Saturday 8am to Noon. However hours may vary from day to day. Please call to make sure we will be here if you are planning on stopping by to tour the studio or gather more information about our classes.

Waiver of Liability & Informed Consent Release

CANCELLATION POLICY: *I understand that if I must cancel a scheduled appointment, I must notify the Fox River Pilates Center at least 24 hours in advance or I will be held responsible for payment in full.*

I have enrolled in a program of instructions in the Pilates Method of physical conditioning offered by the FRPC. I have been advised and understand that participation in the Pilates Method and exercise/conditioning activities, like any physical conditioning activity or exercise program, presents some unavoidable risk of injury, especially to people who have pre-existing injuries, illnesses, or medical disabilities. I understand that the use of exercise equipment also carries a risk of injury. I recognize that many changes may occur as a result of these exercise lessons, including short-term aggravation of some symptoms, feelings of tiredness, light-headedness, increased energy, mood changes, etc.

I also understand that a medical evaluation is advisable before commencing any program of physical conditioning or exercise. I have and will continue to keep the FRPC fully informed of any physical condition or disability, which would prevent or limit my participation in an exercise or physical conditioning program. I acknowledge that although the conditioning program I participate in may have substantial physical benefits, neither the FRPC nor its employees are engaged in diagnosing or treating medical diseases or deficiencies.

The FRPC shall not be responsible or liable for lost, stolen, or damaged belongings in or about the studio.

I understand that Mat and Equipment Classes require prior evaluation of my fitness level and that I am responsible for attending the appropriate level class.

Signature (Parent guardian if under 18)

Date

Client Intake Form

Welcome to the Fox River Pilates Center. To better serve your health and fitness needs, we ask that you please take a few minutes to complete this form. Thank You.

Name _____ Date _____
Address _____ City _____ State _____ Zip _____
Home _____ Cell _____ Work _____
Email _____ Birthdate _____ Occupation _____
Emergency Contact _____ Relationship _____
Contact _____

1) What specific fitness goals do you hope to achieve through the Pilates Method?

2) List all previous and current activities/sports.

3) Describe your present physical condition.

4) Describe your physical history, listing all injuries, ailments, illnesses, surgeries, pregnancies, and any significant medical treatments. Check all body parts that are involved. Where appropriate, please specify Right or Left.

<input type="checkbox"/> Head	<input type="checkbox"/> Arm/Hand	<input type="checkbox"/> Lower Back	<input type="checkbox"/> Hip/Pelvis
<input type="checkbox"/> Neck	<input type="checkbox"/> Upper-Back	<input type="checkbox"/> Ribs	<input type="checkbox"/> Knee
<input type="checkbox"/> Shoulder	<input type="checkbox"/> Middle-Back	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Ankle/Foot

5) How did you find out about the Fox River Pilates Center? (If applicable, please include your referring Doctor/Chiropractor/Physical Therapist/Massage Therapist, etc.)
