

Pilates Plus Northwest

WELCOME TO OUR STUDIO!

Pilates Plus, LLC is committed to providing you with the best Pilates training and education available. The private, semi private and group classes are one hour in length unless otherwise specified. All classes may be purchased individually or in packages which offer you a better rate per class.

Vancouver Studio
1010 NE Broadway #2
Vancouver, WA 98660
360-574-7800

Please take a moment to review our studio policies below.

How did you hear of our studio? *Circle One:* The Oregonian
The Columbian
Internet Search
Yellow Pages

Southwest Connection
****My Friend Referred Me!! _____
Other: _____

Password for WSB log in information-----

Client Agreement

Working with instructors and scheduling an appointment To set up an appointment either speak directly to our owner or your instructor or leave a message on our answering machine and we will call you back to confirm the details. It may not always be possible to have a particular time or instructor. All of our instructors are certified (excluding apprentices) and have been selected to work at Pilates Plus based on their skill.

Cancellation Policy Pilates Plus requires 24-hours notice to change or cancel an appointment, including group classes, private classes and semi-private classes. Clients will be charged the full price of their session for all missed appointments. All prepaid sessions are fully transferable with 24 hours notice, but not refundable.

Semi-Private Class Policy If both parties are unable to attend a semi-private session and 24-hour notice is given, the session may be cancelled. A semi-private session may be upgraded to a private session for an additional \$20.00.

Returned Check Fee A \$25.00 fee will be applied to any checks that have been returned due to insufficient funds.

Student Observation Pilates Plus is a hosting site for STOTT Pilates training. For individuals interested in becoming certified instructors we can guide you to the times, classes, and dates for education service at this location and others..

Interruptions The Pilates method requires a lot of concentration and focus to learn well. Please be respectful of others and yourself by turning off cell phones and beepers while in the studio.

All group packages do have nine month expiration from time of purchase.

I have read the above polices fully understand and agree to them.

Signature _____

Print name _____

Instructor signature _____

Thank you for choosing Pilates Plus!

Pilates Plus Northwest

Pilates Plus instructors are certified in the Pilates method of body conditioning, board certified personal training + group fitness, or a Yoga Alliance. WE will work to create a Safe and progressive mind body exercise program for your body's needs and personal goals!

Please note: Our apprentice instructors are less experienced and are not fully certified instructors.

The Pilates/mind body movement/ programs of exercise may or may not be beneficial to you. It is advised that you first consult with your physician about any injuries or existing medical conditions, past or present, before partaking in a Pilates, Yoga, or movement class. In addition, we would be happy to speak with your physician or call for a release form on your behalf.

PLEASE READ CAREFULLY! THIS IS A RELEASE AND WAIVER OF CERTAIN LEGAL RIGHTS.

Participant understands that pilates, yoga and other fitness programs (hereinafter referred to as "Pilates, Yoga, Body Movement") involve physical exertion, are strenuous, and that injuries may occur when participating in such activities. Participant accepts and assumes the risks associated with Pilates, Yoga, or Body Movement, including, but not limited to, equipment malfunction or failure, overexertion, inability to perform suggested exercises or maneuvers, physical or mental conditions that impede the ability to properly perform suggested exercises or maneuvers, failure to properly operate equipment, and failure to follow instructions. Participant hereby freely and expressly assumes and all risk of property damage, injury, and death associated with Pilates, Yoga or Body Movement.

Participant understands that it is his/her responsibility to consult with a physician prior to and regarding participation in Pilates, Yoga or Body Movement. Participant represents and warrants that he/she has no physical or mental condition that would prevent full participation in Pilates, Yoga or Body Movement Classes Participant agrees to inform his/her instructor immediately of any physical or mental condition that would prevent his/her full participation in Pilates, Yoga or Body Movement sessions or classes.

In consideration for participation in Pilates, Yoga or Body Movement, receiving instruction in a group, private or semi-private lessons, and using the equipment and facilities, Participant hereby agrees to release, hold harmless, and indemnify Pilates Plus, LLC and its owners, partners, employees, independent contractors, directors, officers, agents, and affiliates from any and all claims by or on behalf of Participant against Pilates Plus, LLC arising directly or indirectly out of Participant's participation in Pilates, use of any Pilates Plus equipment or facilities, and participation in any class, program, or workshop offered by PNP. This release includes claims and liabilities arising from any cause whatsoever, including, but not limited to, negligence on the part of Pilates Plus. This release is binding upon Participant, and Participant's heirs, assigns, and legal representatives.

If signing on behalf of a minor Participant, Parent/Guardian accepts full responsibility for any medical expenses incurred due to the minor's participation in Pilates and agrees to release, hold harmless, and indemnify (including costs and attorneys fees) Pilates Plus for any claims brought by or on behalf of the minor.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Participant Signature: _____ Date: _____

Print Participant Name: _____ Phone _____

Participant Address: _____

Sign here only If participant is under 18:

Date _____ Signature of Parents/Guardian of Participant _____

Print Participant Name: _____

Participant Address: _____

NAME _____ DATE OF BIRTH _____

DAY PHONE () _____ CELL PHONE () _____

EVENING PHONE () _____ E-MAIL _____

ADDRESS _____ CITY _____ ZIP _____

EMERGENCY CONTACT NAME _____ RELATION _____

EMERGENCY CONTACT NUMBER _____

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SO THAT WE MAY CREATE A PERSONALIZED PROGRAM THAT WILL BEST BENEFIT YOU, PLEASE ANSWER THE FOLLOWING QUESTIONS. INFORMATION IS CONFIDENTIAL AND IS USED ONLY BY YOUR INSTRUCTOR TO SERVE YOU.

HAVE YOU HAD ANY TRAINING IN THE PILATES METHOD OR PERSONAL TRAINING? WHERE AND WHEN? _____

WHAT DO YOU WISH TO GAIN FROM PILATES? _____

LIST 3 OBSTACLES THAT KEEP YOU FROM REACHING YOU GOALS? _____

ARE THERE OTHER ACTIVITIES/EXERCISES YOU ARE CURRENTLY DOING AND HOW OFTEN? _____

HAS YOUR DOCTOR EVER SAID THAT YOU HAVE A HEART CONDITION AND RECOMMENDED ONLY MEDICALLY SUPERVISED PHYSICAL ACTIVITY? **YES** **NO**

DO YOU LOSE YOUR BALANCE BECAUSE OF DIZZINESS OR DO YOU EVER LOSE CONSCIOUSNESS? **YES** **NO**

DO YOU HAVE A BONE, JOINT OR OTHER HEALTH ISSUE THAT CAUSES YOU PAIN OR LIMITATIONS THAT SHOULD BE ADDRESSED WHEN DEVELOPING AN EXERCISE PROGRAM (BULIMIA, ANEMIA, EPILEPSY, RESPIRATORY AILMENTS, BACK PROBLEMS, HIGH BLOOD PRESSURE, HIGH CHOLESTEROL, ARTHRITIS, DIABETES, OSTEOPOROSIS)? **YES** **NO**

HAVE YOU HAD A RECENT SURGERY? **YES** **NO**

ARE YOU PREGNANT NOW OR GIVEN BIRTH WITHIN THE PAST 6 MONTHS? **YES** **NO**

IF ANY OF THE ABOVE HAVE BEEN MARKED **YES**, PLEASE EXPLAIN:

DO YOU TAKE ANY MEDICATION EITHER PRESCRIPTION OR NON-PRESCRIPTION ON A REGULAR BASIS? **YES** **NO** WHAT IS THE MEDICATION FOR AND ARE THERE SIDE EFFECTS?

HOW DOES THIS MEDICATION AFFECT YOUR ABILITY TO EXERCISE OR ACHIEVE YOUR FITNESS GOALS? _____

YES	NO	PRE-EXISTING CONDITIONS	IF YES, DESCRIBE ONSET/DURATION/SEVERITY/LOCATION
		LOWER BACK PROBLEMS	
		UPPER BACK PROBLEMS	
		NECK PROBLEMS	
		DISC PROBLEMS (WHAT LEVELS)	
		SCOLIOSIS	
		SCIATICA	
		NUMBNESS OR TINGLING	
		HEADACHES	
		DIZZINESS/VERTIGO	
		HIP, KNEE, ANKLE, FOOT ISSUES	
		SHOULDER, ELBOW, HAND ISSUES	
		RECURRENT SHOULDER DISLOCATION	
		TENDON/LIGAMENT/MUSCLE SPRAINS OR STRAINS	
		A LEG-LENGTH DIFFERENCE	
		JOINT REPLACEMENT	
		ARTHRITIS (WHAT TYPE?)	
		OSTEOPOROSIS	
		HIGH/LOW BLOOD PRESSURE	
		NEUROLOGICAL CONDITIONS (MS, PARKINSON'S, ETC.)	
		CAR ACCIDENT RESULTING IN INJURY?	
		ARE YOU PREGNANT?	
		ABDOMINAL SURGERY (HYSTERECTOMY) OR HERNIAS	
		OTHER	

NOTES:

This page is for your instructor to complete!!

Date:

Client Name:	Instructor Name:
Postural Type:	Released to do: FI Ext Rot Side Bend Inverted mat/ ref.
Conditions to Note/ Precautions/ Contraindications:	Class Suggestions:
	Introductory/ Beginner Mat Reformer
Give them 3 strategies to help them with their obstacles listed on	Beginner/Intermediate Mat Reformer
Page 3	Intermediate/ Advanced Mat Reformer

Date Released to Group Classes: _____

Package purchased _____

Client Signature _____

Instructor Signature _____

Mark what applies:

Plumb Line: Whole body Forward Behind

Head: Neutral
 Forward
 Retracted
 Tilted R L
 Shifted R L
 Rotated R L

Cervical Spine: Neutral
 Flat
 Excessive

Thoracic Spine: Neutral UP LW
 Flat UP LW
 Kyophotic UP LW

Rib Cage: Neutral
 Elevated R L
 Shifted R L
 Rotated R L

Scapula: Neutral R L
 Protracted R L
 Retracted R L
 Elevated R L
 Depressed R L
 Upwardly Rot. R L
 Downwardly Rot. R L
 Winging R L
 Anteriorly Tipped R L

Shoulders: Level R L
 Anterior R L

Lumbar Spine: Neutral
 Flat
 Excessive Lordosis

Pelvis: Neutral
 Pelvic tilt Anterior Posterior
 Elevated R L
 Rotated R L

Hips: Neutral R L
 Flexed R L
 Extended R L

Femur: Neutral R L
 Abduction R L
 Adduction R L
 Medial Rot. R L
 Lateral Rot. R L

Knees: Neutral R L
 Hyperextended R L
 Flexed R L
 Valgus/Knocked R L
 Varus/Bowed R L

Ankle Joint: Neutral R L
 Plantar Flexed R L
 Dorsi Flexed R L

Feet: Supinated R L
 Pronated R L

Active Assessment:
Roll Down: Symmetrical Scoliosis: Y N
 Flat Areas

Extension: Symmetrical
 Gives- Where?

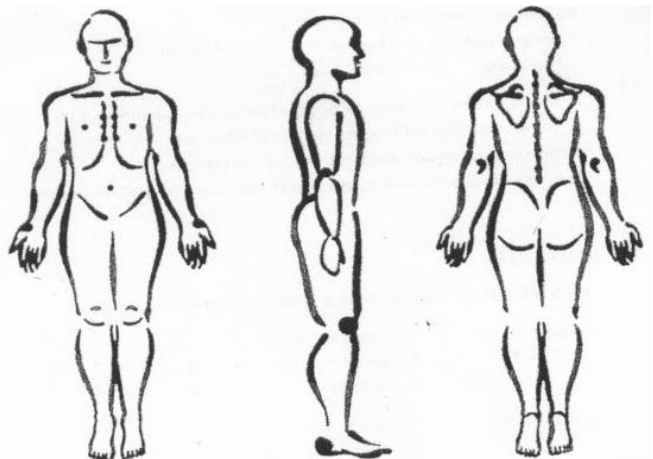
Side Bend: Symmetrical
 Asymmetrical R L

Rotation: Symmetrical
 Asymmetrical R L

Marching: Good
 Shift R L

Standing ¼ squat: Neutral
 Knees valgus or varus

Circle any areas of pain or discomfort:



Any activity which aggravates or eases condition(s):

Instructors: If this client was referred to by a friend
Please call the referral for a huge thank you and

your choice of gift to that person. If it is a discount for a session then mark it down on the deposit record when the session occurs. To give and to get is a beautiful thing!