



Inspiration to Movement, Inc.
 1004 Parsons Avenue
 Columbus, OH 43206
 614-253-6683
 www.inspirationtomovement.com

CLIENT INTAKE FORM PILATES

NAME	HOME PHONE
HOME ADDRESS	DAY PHONE
CITY	STATE, ZIP
BIRTH DATE	CELL PHONE
WHERE DID YOU HEAR ABOUT US?	

Please list any major health issues you have (i.e. low/high blood pressure, arthritis, asthma, diabetes, etc.):

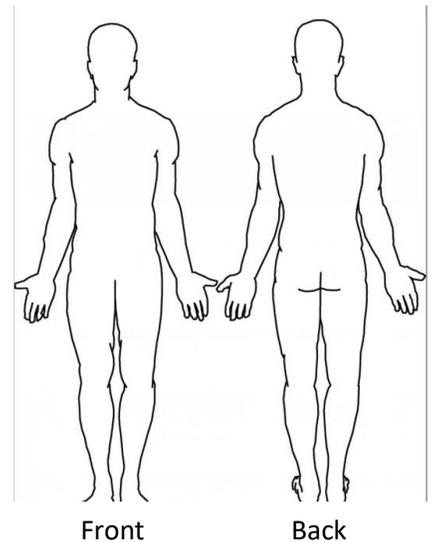
Please list any major accidents or operations. If applicable, did you have physical therapy for the below listed incidents?

What are your hobbies and activities? What other forms of exercise do you routinely participate in?

Please check any of the following that you would be interested in participating in:

Private Lessons Semi Private
 Triplet Classes

What are your goals for participating in our program?



Please indicate any areas of discomfort



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**INFORMED CONSENT FORM FOR PARTICIPATION
AND
CANCELLATION POLICY AGREEMENT**

Name: _____ **Phone:** _____

I have volunteered or I have enrolled my child to participate in a program of progressive physical exercise. I understand that the fitness/conditioning programs at Inspiration to Movement, Inc. (ITM) include classical ballet, ballroom dance, and The Ron Fletcher Program of Study™, a Pilates-based technique of related exercises. All three programs develop muscle strength, endurance, flexibility, and body posture and alignment.

I know that I have the right to choose what exercise I do or do not perform in addition to withdrawing from any exercise at any time. I understand that every effort will be made to minimize the likelihood of injury through an initial evaluation of and supervision during exercise. To my knowledge, I do not have any limiting physical condition or disability that would preclude such an exercise or dance program offered by ITM, and I will inform ITM if my status changes. I also understand that a physician's examination is recommended prior to involvement in any new fitness or dance program.

I waive any possibility of personal damage that may be blamed on any of these programs in the future and accept responsibility for requesting an exercise program provided by ITM. I understand that no responsibility is assumed by the owners, directors, or employees of ITM or The Ron Fletcher Program of Study™.

I understand that there is a 24-hour cancellation policy and that if I cancel for any reason from a class or lesson with less than 24 hours' notice, I will still be responsible and agree to pay for the full session cost. Monday appointments must be canceled before 5 pm on Saturday.

Participant's Signature

Date