



**M O V E M E N T
S Y S T E M S**

Physical Therapy, P.S.
(206) 405-1864 (206) 405-4376 fax



Pilates Registration

Participant _____ **Today's date** _____
Last name **First name** **MI**

Address _____
Street **City** **State** **Zip**

Email _____ **May we contact you via Email** **Yes** **No**

Phone _____
Home **Work** **Mobile**

Questions: Please complete the following questions.

1. Please explain the primary physical limitation(s) you are currently experiencing.
(Please include your physical therapy diagnosis or impairment if known)

2. Please describe any other impairments/problems you want us to know about.

3. Describe any previous Pilates experience you have had.(Please include the style of Pilates if known)

4. What are your objectives for this class?

Refund Policy

Our class size is small and we guarantee you a spot upon registration. If you need to cancel, we appreciate as much lead time as possible so that those on the wait list can be contacted. Cancellations can be made by phone 206-405-1864 or email info@movementsystemspt.com

Cancellations 2 weeks prior to the session will be granted full refund. Cancellations less than 2 weeks prior to the class will be charged a 20% processing fee. Cancellations made less than 48 hours prior to the class will be charged a 50% processing fee. No refunds are provided once the series has commenced. Missed classes can be retaken at the discretion of the instructor.

Waiver: Please read and sign:

I hereby agree to the following:

1. I am participating in pilates classes during which I will receive information and instruction about pilates and health. I recognize that pilates requires physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in pilates classes. I represent and warrant that I am physically fit and have no medical condition that would prevent my participation in pilates classes.
3. In consideration of being permitted to participate in the pilates classes, I agree to assume full responsibility for any risks, injuries or damages, known and unknown, which I might incur as a result of participating in the program.
4. In further consideration of being permitted to participate in the pilates classes, I knowingly, voluntarily, and expressly waive any claim I may have against the instructor, the owner, or the leaseholder of the building for injuries or damages that I may sustain as a result of participating in classes or workshops held by Movement Systems Physical Therapy, P.S.

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

Signature

Date

Printed Name