



Pilates Reformer Training

McGaw YMCA

1000 Grove Street, Evanston IL 60201 P.847.475.7400 www.mcgawymca.org

Thank you for choosing Pilates Reformer Training at McGaw YMCA.

New Clients and clients updating information **MUST** fill out form prior to appointment.

Our certified Pilates instructor, Gail Tangeros, will contact you to schedule your first appointment. Please bring a copy of your receipt and your completed forms to your first session. If you have any questions, please contact Gail at 773-561-2854 or gailtangeros@att.net or Alyson Mann, Health and Wellness Manager, at 847-475-7400 ext. 232 or alysonm@mcgawymca.org

The Pilates Reformer Training Studio is located in Room 369 on the indoor track level of the Sebring-Lewis Center.

Name: _____

Phone: _____

Pilates Reformer Training Policies

- ◆ Anyone participating in Pilates instructor reformer training services must complete and return the Health History Questionnaire **prior** to their first session with a Pilates instructor. This will allow the trainer adequate time to review your history and prepare for your first session. Note that you may be required to provide a medical clearance form from your doctor prior to beginning your reformer training sessions.
- ◆ If you must cancel an appointment, you must provide **24-hour** notice to your trainer in order to reschedule the session. Failure to provide adequate notice will result in the loss of your session. Exceptions are made only in emergency situations and are at the discretion of the trainer.
- ◆ Please arrive on time for sessions, prepared to exercise. Arriving late will result in an abbreviated training session.
- ◆ Please note that all sessions in your Pilates Reformer Training package will expire one year from the date of purchase and are non-refundable.

I have read and agree to the above Pilates Reformer Training Policies.

Signature of Participant

Date

Pilates Reformer Training – Health History

1. Does your physician know you are participating in this exercise program? Yes No
2. Do you have high blood cholesterol or blood fat level? Yes No
3. Do you have any pre-existing physical or medical condition that could be aggravated by exercise?
 Yes No If yes, describe: _____

4. Are you currently pregnant or have you been pregnant in the past 6 months? Yes No
5. Are you taking any medications or drugs? ____ If yes, please list type and reason for taking: _____

6. Have you had any surgeries or been hospitalized in the last two years? If yes, please list why and when: _____

7. List all past injuries or conditions related to the muscles, bones, joints, or spine (sprains, strains, broken bones, surgeries): _____

Please check the appropriate answers below and explain any items marked YES.

Past History Have you had...?			Family History Have any immediate relatives had...?			Present Symptoms Have you recently had...?		
	Yes	No		Yes	No		Yes	No
Rheumatic Fever			Heart Attacks			Chest Pain		
Heart Murmur			Heart Operations			Shortness of Breath		
High Blood Pressure			High Blood Pressure			Heart Palpitations		
Varicose Veins			High Cholesterol			Cough on Exertion		
Lung Disease/Problems			Diabetes			Coughing up Blood		
Operations			Congenital Heart Disease			Back Pain		
Injuries to Back, Knees, Ankles, Other			Other Major Illness			Arthritis		
Heart Attack						Swollen Legs		
Epilepsy Mellitus / Thyroid						Use more than one pillow for sleep		
Abnormal Electro Cardio Rhythm						Awake short of breath		
Disease of Arteries, Stroke						Other		
Other Illness								

Explain items marked "YES" here: _____

Pilates Reformer Training – General Release and Assumption of Risk

I understand and am aware that the physical exercise required by the Pilates Reformer Reformer program, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death, and that I am voluntarily participating in these activities and using the equipment with knowledge of the dangers involved. I HEREBY AGREE TO EXPRESSLY ASSUME AND ACCEPT ANY AND ALL RICKS OF INJURY, DAMAGES OR DEATH THAT MAY OCCUR TO ME IN, ON OR ABOUT THE MCGAW YMCA. I further hereby release, waive and forever discharge releases from all liability to me, my spouse, legal representative.

Initial_____