**Pilates Reformer**

**New Client Packet**

Name ___________________________________________ Date ________________________________

Email ____________________________ Instructor ________________________________

Group Leader ________________________________

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To register for a class, complete the information below this line. An intro session is required for class registration.

<table>
<thead>
<tr>
<th>CLASS</th>
<th>TOTAL #</th>
<th>Price Per Class</th>
<th>TOTAL $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day (s):</td>
<td>Sun Mon Tues Wed Thur Fri Sat</td>
<td>$15</td>
<td></td>
</tr>
<tr>
<td>Time (s):</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

To purchase sessions, complete the information below this line.

<table>
<thead>
<tr>
<th>Session Type</th>
<th>1 Session</th>
<th>5 Sessions</th>
<th>10 Sessions</th>
<th>TOTAL $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$35</td>
<td>$160</td>
<td>$300</td>
<td></td>
</tr>
<tr>
<td>Partner (price is listed per partner)</td>
<td>$25</td>
<td>$110</td>
<td>$200</td>
<td></td>
</tr>
<tr>
<td>Group (3-6)</td>
<td></td>
<td>$45/Session/Group</td>
<td></td>
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</tbody>
</table>

Please list all group members or partner

Specify your preferred day and time

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*Pilates Reformer services provided by University Recreation are non-refundable unless a verifiable medical conflict exists. For details regarding a missed class or session, please see Policies and Procedures online for details. [UREC.UA.EDU](https://urec.ua.edu)*

**Create Your Own Reformer Group consists of 3-6 individuals. One person will be required to be the point person/group leader. This individual will turn in all paperwork and be the contact person for the instructor. All sessions purchased must be paid in full by this individual at one time. We will not accept payment from multiple parties of the group.**

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Office Use Only

Paid $_____________ Cash ___ Check ___ BamaCash ___ Credit Card ___

Staff _______________ Please verify that all paperwork has been completed. Invoice# _______________
Par-Q Form

Many health benefits are associated with regular exercise, and the completion of PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life.

For most people physical activity should not pose any problem or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these few questions. Please read them carefully and check YES or NO opposite the question if it applies to you.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
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<tr>
<td>☐</td>
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<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:
1. Start a graduated exercise program
2. Take part in a fitness appraisal
   However, if you have a minor illness (e.g., cold) you should postpone activity.

If you answered YES to one or more PAR-Q questions, you should consult your physician if you have not done so recently before starting an exercise program and/or having a fitness appraisal.
Health History Questionnaire

Name ____________________ Age ______ Date of Birth ____________________

First MI Last month/day/year

Address ____________________

Street City State Zip

Telephone (home) ____________________ (cell) ____________________

Occupation ____________________ Place of Employment ____________________

Marital Status (circle one) SINGLE  MARRIED  DIVORCED  WIDOWED  Spouse ____________________

Education (check highest level)  Elementary ____  High School ____  College ____  Graduate ____

Personal Physician ____________________ Location ____________________

Reason for last doctor visit? ____________________ Date of last physical exam ____________________

Have you previously been tested for an exercise program?  Yes ______ No ______ Year(s) __________

Location of test ____________________ Height ______ Weight ______

Emergency contact ____________________ Phone # ______ Relationship ____________________

PILATES REFORMER

Please check yes or no for the following questions

<table>
<thead>
<tr>
<th>PAST HISTORY (Have you ever had?)</th>
<th>Y</th>
<th>N</th>
<th>FAMILY HISTORY (Have any immediate family members or grandparents ever had?)</th>
<th>Y</th>
<th>N</th>
<th>PRESENT SYMPTOMS (Have you recently had?)</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>High blood pressure</td>
<td></td>
<td></td>
<td>Heart attacks</td>
<td></td>
<td></td>
<td>Chest pain/discomfort</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any heart trouble</td>
<td></td>
<td></td>
<td>High blood pressure</td>
<td></td>
<td></td>
<td>Shortness of breath</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disease of the arteries</td>
<td></td>
<td></td>
<td>High cholesterol</td>
<td></td>
<td></td>
<td>Heart palpitations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicose veins</td>
<td></td>
<td></td>
<td>Stroke</td>
<td></td>
<td></td>
<td>Skipped heart beats</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lung disease</td>
<td></td>
<td></td>
<td>Diabetes</td>
<td></td>
<td></td>
<td>Cough on exertion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
<td>Congenital heart defect</td>
<td></td>
<td></td>
<td>Coughing of blood</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney disease</td>
<td></td>
<td></td>
<td>Heart operations</td>
<td></td>
<td></td>
<td>Dizzy spells</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis</td>
<td></td>
<td></td>
<td>Early death</td>
<td></td>
<td></td>
<td>Frequent headaches</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
<td>Other family illness</td>
<td></td>
<td></td>
<td>Frequent colds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart murmur</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Back pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arthritis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Orthopedic problems</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

MEDICAL CONDITIONS: Please list recent hospitalizations. (Women please do not list normal pregnancies)

UNIVERSITY RECREATION

THE UNIVERSITY OF ALABAMA
PILATES REFORMER

Year
Location
Reason

____________________
_________________________________________________________________________________________
____________________
_____________________________________________________________________________________________________________

Any other medical problems not already identified? Yes ____ No ____ (Please list below)

________________________

Have you had your cholesterol measured? Yes____ No____; If yes, (value)____ (date)________

Are you taking any prescription or non-prescription medications? (Include birth control pills)

Medication
Reason for taking
For how long?

________________________

LIFESTYLE EVALUATION
Do you currently smoke? Yes___ No___ If so, how much per day? <1/2 pack ___ ½ to 1 pack ___ 1 ½ to 2 ___ >2 packs ___
Have you ever quit smoking? Yes ____ No ____ When? ____________ How many years did you smoke? ____________
Do you drink any alcoholic beverages? Yes ____ No ____ If yes, how much in one week?
Beer____(cans) Wine____(glasses) Hard liquor____(drinks)
Do you drink any caffeinated beverages? Yes ____ No ____ If yes, how much in one week?
Coffee____(cups) Tea____(glasses) Soft drinks____(cans)
On average, how many hours of sleep do you get each night? <4 hrs ____ 4-6hrs ____ 6-8 hrs ____ >8 hours ____
Are you currently following a weight reduction plan? Yes ____ No ____
If so, what type?____________________________________________________
If so, how long have you been dieting? ________ months
Is the plan prescribed by your doctor? Yes ____ No ____
Have you used weight reduction plans in the past? Yes ____ No ____
If yes, how often and what type:____________________________________________________

ACTIVITY LEVEL EVALUATION
Do you currently engage in vigorous activity on a regular basis? Yes ____ No ____
If so, what type?____________________________________________________ How many days per week? ____________
How much time per day? <15 min ____ 15-30min ____ 30-60min ____ >60 min ____
What kind of recreational or leisure-time physical activities do you engage in on a regular basis?
Activity
Times/Week
Minutes/Session

What is your occupational activity level? sedentary____ light____ moderate____ heavy____
Do you ever have an uncomfortable shortness of breath during exercise? Yes____ No____
Do you ever have chest discomfort during exercise? Yes____ No____
If so, does it go away with rest? Yes ____ No ____

PILATES REFORMER GOALS: Please indicate all of the reasons why you want to begin a personal training program.
Doctor’s recommendation____ For good health____ Enjoyment____ Release of tension____ Improve physical appearance____ Improve athletic performance____ Flexibility/Strength Other:_____________________________________________________
I desire to participate voluntarily in a progressive exercise program and/or various fitness tests in an attempt to assess and improve my physical fitness.

I understand that these physical activities and/or various fitness tests are designed to put a gradually increasing workload on my circulatory system and/or musculoskeletal system in an attempt to improve their function. The reaction of the system(s) to such activities cannot be predicted with complete accuracy. The possibility of certain unusual changes during or following the exercise session does exist. These changes could include abnormalities of blood pressure or heart rate, ineffective heart function, fainting, muscle strains, and possibly, in rare instances, a heart attack or cardiac arrest.

The benefits obtained from the various fitness tests might include an increased knowledge of chronic disease risk as well as baseline measures for the trainer to use in assessing improvements in your fitness level.

The benefits obtained from the exercise program might include a more efficient cardiovascular system, a decrease in the risk of heart disease and other chronic diseases, an improved muscular and skeletal system, and a higher quality of life.

I realize that is necessary for me to report promptly any signs or symptoms indicating abnormalities or distress. I know that if there are any questions about the procedures or methods used during an exercise session or test, I should ask my trainer. If I have any doubt, concerns or questions I should ask for further explanation.

I have read this form and I voluntarily consent to participate in this exercise program and/or various fitness tests and realize that I am free to withdraw at any time.

Date________________________________________

Name (Please Print)________________________________________

Signature________________________________________

Witness________________________________________
Welcome to Pilates Reformer training at The University of Alabama Student Recreation Center. Please observe the training etiquette outline below and sign:

- It is expected that you will keep all scheduled appointments.
- Private or partner sessions should be cancelled 24 hours in advance. Appointments not cancelled will be charged as a training session. The instructor will make up any sessions he/she has to cancel.
- Instructors will wait fifteen minutes for late arrivals. If you have not arrived within 15 minutes of your appointment/class time, you will forfeit your session.
- Another qualified instructor may substitute in the event that your trainer is unable to attend the scheduled session.
- Home address, home numbers, and cell phone numbers for the instructors are not given to clients. Please call the number listed below in the event that you are going to be late or have to cancel a scheduled session:

Feel free to call us at any time with any new ideas, suggestions, or comments at 348-5131. Our goal is to help you improve your fitness and overall quality of life. Thanks for choosing us to help you meet your fitness needs.

I have read and understand the above information.

Signature_________________________________ Date______________