



Date: \_\_\_\_\_

## Registration

Name \_\_\_\_\_ Birthdate (dd/mm/yyyy): \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Twitter Feed @ \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Can we send your doctor a *First Visit Report* informing them you have participated in a class?  Yes  No

How did you hear about us? (If referred by a friend/doctor/health professional please let us know their name so we can thank them!)

\_\_\_\_\_

Have you ever done yoga/pilates before? \_\_\_\_\_ If yes, what type? \_\_\_\_\_

Do you have any special health concerns (including high blood pressure or pregnancy)?

\_\_\_\_\_

Do you have any current/previous injuries or illnesses we should know about?

\_\_\_\_\_

Have you had surgery recently?

\_\_\_\_\_

Classes at The Studio at Treloar involve physical exercise. Classes may include exercises that increase heart rate, bend, stretch and compress every part of the body. This practice stimulates glands, circulation, respiration and the nervous system. If you have any physical/medical problems, you must inform your physician and the instructor before beginning class. When performing the exercises, listen carefully and follow the instructor's directions. **DO NOT STRAIN OR FORCE YOURSELF BEYOND YOUR NATURAL FLEXIBILITY.** The Studio at Treloar and the instructor are not responsible for any injuries resulting from your failure to follow the directions of the instructor, from an existing physical/medical problems or from forcing yourself beyond natural limitations.

I do hereby intend to be legally bound for myself, and I waive and release any and all claims for damages I may have against "The Studio at Treloar", it's staff or affiliates for any and all injuries suffered while engaging in the training provided to me, and agree to hold "The Studio at Treloar", harmless and indemnify it for any incident(s) arising from my use of "The Studio at Treloar" facilities.

I have read and understood the above.

Signature \_\_\_\_\_ Date: \_\_\_\_\_