



REGISTRATION FORM

Please provide complete information to process registration.

Name male female

Date of Birth Parent/Guardian Name (if under 18 yrs.)

Address

City Postal Code

Phone #

Alternate Contact Name

Course Dates

Fee Payment Method Cash Cheque E-transfer

Please list any disabilities and/or allergies

Authorizing Signature

Please Print Name

Course confirmation will be made one week prior to start date. Registration is conditional upon availability and you will be notified if there are no spaces available in your chosen course.

PAYMENT MUST ACCOMPANY REGISTRATION.



The information collected is intended only for the use of your participation in registered classes with Pure Pilates inc.

PAR Q AND YOU

NAME _____

Par Q is designed to help you help yourself. Many health benefits are associated with the 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 who physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

1. Yes No Has your doctor ever said you have heart trouble?
2. Yes No Do you frequently have pains in your heart and chest?
3. Yes No Do you often feel faint or have spells of severe dizziness?
4. Yes No Has your doctor ever said your blood pressure was high?
5. Yes No Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise or might be made worse by exercise?
6. Yes No Is there a good physical reason not mentioned here why you should not follow an activity Program even if you wanted to?
7. Yes No Are you over the age of 65 and not accustomed to vigorous exercise?

If you answered Yes to one or more of these questions and have not recently done so, consult with your personal physician before increasing your physical activity. Tell your doctor what questions you have answered yes to on this form. After medical evaluation, seek advice from your doctor as to your suitability for physical activity and the type of Program for you.

If you answered No to all questions you have reasonable assurance of your suitability for a graduated exercise Program promoting full fitness development and minimal discomfort.



WAIVER OF RESPONSIBILITY

PLEASE READ CAREFULLY:

The undersigned hereby releases and agrees to indemnify and hold harmless Travis T Thibeault personally and PURE PILATES INC. as a company from all claims for injuries, damages, losses, death, costs and expenses of all kinds, including legal fees, in any way arising from or related to course activities conducted by or sponsored by PURE PILATES INC. or any of its associates on or about the date or dates hereunder noted.

Date(s) of Activity

Description of Activity

Location of Activity

Dated at _____, AB, this _____ day of _____,

Signed

Print Name

Address

City

Postal Code

Phone #

Date of Birth

Email Address