

Did you receive a confirmation call?

Please fill out completely

## Personal Info

Name:

Cell Number:

Secondary Number: Home/Work (circle one)

Email: (for reservation/cancellation/confirmation)

Address:

Emergency Contact:

Date of Birth: (for birthday bonus class)

Occupation:

Name:

Phone #:

Referral by:

Relationship:

## Health Questions

Current Fitness Program:

List any exercise you can no longer do, due to illness or injury:

Have you been treated for this pain? Where & when?

Circle all that apply: Pregnancy Osteoporosis Osteopenia Scoliosis Spondylololthysis Arthritis Bursitis Tendonitis High Blood Pressure Low Blood Pressure Herniated or Bulging disc

Do you now have or have you had:

Any chronic illness or condition?

Difficulty with physical exercise?

Advice from Doctor or Physical Therapist not to exercise?

Recent Surgeries?

Please sign below to indicate that you are aware of the inherent dangers of undertaking an exercise program and that you will not hold Mind Over Movement, LLC, responsible should any injury or loss occur.

Signing below also indicates that you understand Mind Over Movement has a prepaid reservation system. We reserve the right to charge your credit/debit card for any class that you reserve in advance, whether you take the class or forfeit the class. In addition by signing below, you are acknowledging receipt of our brochure and your review, understanding and cooperation with Mind Over Movement studio policies

Signature

Date