



## Registration

Name (please print) \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email (print clearly) \_\_\_\_\_

How did you hear about us? Flyer    Banner    Networking Event    Friend    Paper  
Other please be specific: \_\_\_\_\_

### Membership Rates Are Based on Our 5 Week Sessions:

# Of Workout Days	Auto-Pay (Available Online)	Regular Rate:
Five Days A Week	\$300 (\$12 a class)	\$325 (\$13 a class)
Any Four Days A Week	\$260 (\$13 a class)	\$280 (\$14 a class)
Any Three Days A Week	\$225 (\$15 a class)	\$240 (\$16 a class)
Any Two Days A Week	\$190 (\$19 a class)	\$200 (\$20 a class)
	<b>Save Up To \$225 A Year</b>	Drop In \$25

**Circle One** (You may switch classes and locations at any time without notice to us.):

Los Altos: 6am (5-days: M-Fri)/ 9am (4 days: M, T, Thr, Fri) / Woodside 7am (3 days: T, Thr, Fri)

Amount paid: \_\_\_\_\_ (1st week FREE) Make **check payable to Pilates Cardiocamp**

Credit card number: \_\_\_\_\_  
**(Master Card or Visa Only)** Exp Date \_\_\_\_\_

Credit card billing address if different than above:  
\_\_\_\_\_

### Waiver:

I \_\_\_\_\_ (name), take full responsibility for my participation in this fitness program. I declare that I am of good health with no major risk or coronary heart disease, hypertension, or any other physical, orthopedic, metabolic, or mental conditions that may be aggravated by exercise. I understand it is recommend to obtain a medical release if I am male over 45 or female over 55 and have not participated in a regular exercise program in more than 6-months. I understand if I am female and pregnant is it recommended to seek my doctor's approval before starting this exercise program. I **release all claim to Pilates Cardiocamp and it's trainers** and **assume FULL responsibility and risk** of any injury that may occur including death while participating in this exercise program. I also understand this class may be running on public roads and I assume full responsibility and risk for my presence on such roads and **release claim** against Pilates Cardiocamp and it's trainers if I should be injured.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ **PLEASE SEE OTHER SIDE**

### Physical Active Readiness Questionnaire

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 the yes or no opposite the question if it applies to you.

Yes      NO

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Has your doctor ever said you have heart trouble?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you frequently have pains in your heart and chest?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you often feel faint or have spells of severe dizziness?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Has a doctor ever said your blood pressure was too high?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 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 with exercise? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you over age 65 and not accustomed to vigorous exercise?  |
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**If you answered YES to one or more questions...** If you have not recently done so, consult with your personal physician by telephone or in person before starting this exercise program. The Pilates Cardiocamp is not a personal training program. You may need extra assistance with your exercise routine and might need to start off slower than this group class. Please seek your doctor's approval before beginning this class.

Please go at your own pace while in class. Do not feel you need to keep up with other participants. You should never feel strain in your neck or other joints or muscles. You should always take appropriate measures for your comfort and safety while in class. It is your responsibility to let your trainer know of any injury you have before class begins or while doing an exercise that doesn't feel right. Again do not push yourself beyond the point of comfort. You assume full responsibility and risk while in class.

**Please initial you have read the Par Q completely \_\_\_\_\_ (Initial)**

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