

# THE PILATES & YOGA CENTER OF ST. LOUIS

## New Student Form

Please Print Legibly

Name (First & Last): \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email address: \_\_\_\_\_

How you heard about us? \_\_\_\_\_

What is the ideal days & times for you to work out? \_\_\_\_\_

What would you like to see offered at our studio that isn't already on the schedule? \_\_\_\_\_

What studio/gym do you currently visit most often? Location? \_\_\_\_\_

### Release of Liability:

In signing below, I agree that Pilates & Yoga Center of St. Louis, LLC is in no way responsible for the safekeeping of my personal belongings while I attend class. I understand that classes at

Pilates & Yoga Center of St. Louis, LLC may be physically strenuous and I voluntarily participate in them with full knowledge that there is risk of personal injury, property loss, or death. I agree that neither, I, my heirs, assign or legal representatives will sue or make any other claims of any kind whatsoever against Pilates & Yoga Center of St. Louis, LLC or its members for any personal injury, property damage/ loss, or wrongful death, whether caused by negligence or otherwise. The Pilates & Yoga Center of St. Louis has a **24-hour cancellation policy**. Reservations and appointments cancelled with less than 24 hours notice will result in a charge to the client for the full cost of the session.

\*Release of Liability– Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Emergency Contact

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

### For Office Use Only:

Date & Initial \_\_\_\_\_ Enter Mindbody: \_\_\_\_\_ Type Assigned: \_\_\_\_\_ LS/Groupon: \_\_\_\_\_  
Health Form: \_\_\_\_\_ Postcard Sent: \_\_\_\_\_ Open House: \_\_\_\_\_ Updated 1/1/2012