



Registration

Name _____

Address _____

City _____ State _____ Zip _____

Telephone/Day _____ Evening _____

E-Mail _____

Birth Date _____ Occupation _____

Class Preference or Private Instruction:

1. What specific fitness or health goals do you hope to achieve through the Pilates method?
2. List all previous and current activities.
3. Describe your present physical condition.
4. Describe your physical history, listing injuries, ailments, illnesses, surgeries, pregnancies, and any significant medical treatments. Check all body parts that are involved. Where appropriate, please specify Right ® or Left (L)

Head _____

Neck _____

Shoulder _____

Arm/Hand _____

Upper Back _____

Middle Back _____

Lower Back _____

Ribs _____

Abdomen _____

Hip/Pelvis _____

Knee _____

Ankle/Foot _____

5. How did you hear about Studio BE Pilates? (If applicable, include your referring doctor/chiropractor/physical therapist/massage therapist, etc).



By affixing my initial here, I declare myself to be responsible for my own health and safety while participating in classes and any other sessions at Studio BE Pilates/ PT-One LLC: _____

Pre-Registration is required. Advance Reservations are recommended, but keep in mind that you will be charged without giving a 24-hour notice of cancellation. Flex Cards and Packages are non refundable.

Check # _____ Visa, MasterCard, Amex

Amount: \$ _____ Expiration: _____

Name on Card/ Billing _____

Address _____

Signature _____

You may Fax this to 703-222-0427.

Or Mail to: Studio Be Pilates,

4211 Fairfax Corner East Ave., Suite 215, Fairfax, VA. 22230.

We will call you to confirm receipt.

You may also call: 703-222-0122