



# GOODNIGHT

PILATES & MUSCLE ACTIVATION

## New Client Form

Name \_\_\_\_\_

Email Address \_\_\_\_\_

Home Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Best Phone \_\_\_\_\_ Text ok \_\_\_

Emergency Contact Name and Phone  
\_\_\_\_\_

Previous Pilates Experience? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous Muscle Activation Experience? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Physical Activities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Activities in which you'd like to see improved function  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Health history: The purpose of this **confidential** health history is to ensure your health and safety while exercising. Please list past and present injuries/conditions if applicable or check the boxes in the question below.

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High Blood Pressure	_____	Diabetes	_____
Heart/Circulatory	_____	Osteoporosis	_____
Neuro/Endocrine	_____	Reproductive	_____
Gastro/Intestinal	_____	Pregnancies	_____
Mental Health	_____	Fainting/Dizzy	_____
Communicable Disease	_____	Trouble Sleeping	_____
Migraines	_____	Asthma	_____

Joint Pain

Neck	_____
Shoulder	_____
Elbow/Wrist	_____
Spine	_____
Pelvis	_____
Hips	_____
Knee	_____
Ankle	_____

Muscle Pain

Neck	_____
Shoulder	_____
Arm	_____
Upper Back	_____
Lower Back	_____
Abdominal	_____
Leg	_____
Feet	_____

Past Surgeries \_\_\_\_\_

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**Cancellation Policy**

Goodnight Pilates & Muscle Activation understands that sometimes schedules change; appointments can be canceled or rescheduled with at least 24 hours notice. Appointments canceled within 24 hours or for which clients are a "No-Show" will incur a charge of the service amount unless able to be filled with a client from the wait-list. Emergency exceptions are made only at the discretion of Carrie Goodnight. I understand that I must cancel my sessions more than 24 hours in advance in order to reschedule without financial penalty.

Signature \_\_\_\_\_

**Release of Liability:**

I understand that I am starting an exercise program and that all exercise programs carry a risk of injury. Goodnight Pilates & Muscle Activation does not carry medical insurance for its clients. I understand that as a client I am participating at my own risk. I am in good health, and agree to notify my practitioner of any injuries or health issues which may affect my participation.

I voluntarily agree to participate in a program of progressive physical exercise at Goodnight Pilates & Muscle Activation. I waive all rights and release all claims that might be had against Goodnight Pilates & Muscle Activation for any and all injuries and losses which may be suffered because of my participation in any and all activities with Goodnight Pilates & Muscle Activation. I also realize that Pilates exercise and Muscle Activation require hands-on instruction for proper alignment and execution. Any time I feel pain or discomfort, I agree to stop exercising and inform my practitioner.

Signature \_\_\_\_\_