

Registration Form for The Whole Body Studio, LLC

Class Signing up for: _____

How did you hear about The Whole Body Studio? _____

Today's Date: _____ Gender: M or F Phone# _____

Name _____ D.O.B. _____ Email: _____

Address: _____

Physician's name _____ Address _____ Phone _____

Person to contact in case of emergency

Name _____ Relationship _____ Phone _____

Are you taking any medications? Yes or No If yes what? _____

Describe your current exercise program(circle one)- Sedentary Moderately active Very active

Do you Have any health risks or physical or emotional limitations ? Yes or No If yes please list & describe below:
(Just a few Examples: pregnancy or recent pregnancy, knee issues)

In order to ensure correct positions and alignments during the exercises the instructor may need to to do hands on assistance?
Will you allow this?

I attest that the above information is true to the best of my knowledge. I understand and agree that if I have answered yes to any of the above, this can put me at a greater risk of injury, illness or death. If I answered yes to any of the above questions, I understand and agree that I need to get approval from my doctor before starting any fitness/exercise program and/or fitness testing. I understand and agree that I am responsible for contacting my doctor and getting approval before I begin any fitness/ exercise program and/or fitness testing.

I recognize the risks of illness, injury and possible death inherent in any fitness/exercise program and/or fitness testing, and I am participating in this program upon the express agreement and understanding that I hereby waiving and releasing The Whole Body Studio, LLC from any and all claims, costs, liabilities, expenses or judgments, including attorneys fees and court costs (herein, collectively, "claims") arising out of my participation in this fitness/exercise program and/or fitness testing. I agree to inform The Whole Body Studio, LLC of any change in my physical condition, including pregnancy, which might in any way adversely affect my ability to participate in an exercise program safely.

I understand that it is my responsibility to listen to my body and not push it past its limitations. If I feel any pain or discomfort I will stop the activity immediately, and inform the instructor. I understand that if I am participating in a group class with physical limitations, that it would be best to first enroll in one on one sessions to learn proper technique and modifications for my body. In a group setting the instructor is watching many students for correct positioning and technique and I understand that the instructor cannot monitor everyone completely in this setting and I agree to take that risk.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

(IF UNDER AGE 18)

Return to: The Whole Body Fitness Spa, Olde Boston Square, 270 Littelton Road, Unit 31, Westford, MA 01886