



PilatesCentral
the place to be, the place to become.

Registration Form

Welcome to Pilates Central. It is our goal to help and encourage you to take charge of your health and physical well-being through Pilates and related activities. To help us serve you better, please fill out this form.

Name: _____ Date: _____

Address: _____ Home Phone _____

City _____ State _____ Zip _____ Work Phone _____

Email: _____ Cell Phone _____

Birthday _____ Occupation _____

In case of an emergency contact: _____ Phone _____

1. Have you ever taken Pilates before? Y/N _____ level? Novice ___ Beg. ___ Int. ___ Adv. ___

2. What fitness and health goals do you hope to achieve through Pilates?

Strength _____ Flexibility _____ Balance _____ Stress Reduction _____ Pain relief _____
Mind/Body Connection _____ Sports Training _____ Which Sport(s) _____
Work a targeted area _____ Medical reason _____
Other _____

3. Other past or present activities.

Aerobics/step etc. _____ Biking _____ Climbing _____ Dance _____ Hiking _____
Running _____ Swimming _____ Walking _____ Weight Training _____ Yoga _____
Sports _____ Other _____

4. What is your present physical condition? Excellent ___ Good ___ Fair ___ Poor ___

5. How did you find out about Pilates Central? Please be specific

Newspaper _____ Internet _____ Phone Book _____ Friend _____

Doctor _____ Other _____

Pilates Central

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