



Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Birth Date _____ Profession _____

Phone Number _____

Email _____

Emergency Contact Name _____

Phone Number _____

Please list any physical limitations, pre-existing injuries, surgeries, pregnancies, and any significant medical treatments below.

How did you hear about Intown Pilates Atlanta?

CANCELLATION POLICY: For cancellation of private, duet, or group reformer appointments, we require a 24-hour notice. Failure to adhere to this policy could result in a late charge/cancellation fee totaling the amount of that session.

Initial: _____