



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## 2011 New Canaan Y Spring Pilates Apparatus Classes registration form

- Spring session runs for 11 weeks March 21-June 13th (no classes April 17-23rd and May 31st)
- One Makeup allowed per session to be completed during make up week—June 14th-June 20th. No other makeups allowed.
- **Fill out the attached registration form and return to: New Canaan YMCA attn: Pilates Apparatus**
- **Starting on February 28th**, all new participants are placed on a first come first serve basis. Every effort is made to place according to level and preference.
- You will be notified by 3/18 via email of your class placement. (Min of 3 required to run a class, Max 4 )
- Questions, please call or email, Bridget Philipp, 203-966-4528, x126, bphilipp@newcanaanymca.org
- **Medical History and Exercise waiver (yellow sheet) must be turned in signed with this form**

Name: \_\_\_\_\_ Gender: M or F Age: \_\_\_\_\_

Address: \_\_\_\_\_

Email address (print clearly): \_\_\_\_\_

Phone: \_\_\_\_\_

New Participant \_\_\_\_\_ (see shaded box) Returning Participant \_\_\_\_\_

### If new to the New Canaan Y apparatus program:

Have you ever taken Pilates Mat classes? Y or N If yes, for how long? \_\_\_\_\_

Have you ever taken Pilates Apparatus classes? Y or N If yes, for how long? \_\_\_\_\_

Please fill out the credit card information below, or attach a check payable to the "New Canaan YMCA"

Credit Card #: \_\_\_\_\_ Type \_\_\_\_\_ Exp. Date \_\_\_\_\_

I am requesting (please circle): 1 class/week/session -\$341/member 2 classes/week/session -\$682/member

**Next to your preferred class time, please number your top 4 class requests per session (1= top, 4= last).**

### Spring Session: March 21—June 13th (no classes April 17-23rd and May 31st)

Day	Time	#	Day	Time	#	Day	Time	#
<b>Mon</b>	9AM -Nancy		<b>Wed</b>	9AM—Nancy		<b>Fri</b>	8:30AM-Madelaine	
	10AM -Julie			10AM—Madelaine			10AM-Madelaine	
	11AM -Nancy			11AM—Nancy			11AM-Madelaine	
	12PM -Nancy			12PM— Julie		<b>Sat</b>	9AM -rotation	
	1PM—Nancy			1PM— Julie			10AM-rotation	
	5PM—Glenda			5PM-Madelaine				
<b>Tues</b>	9AM-Julie			7PM-Madelaine				
	10AM—Julie		<b>Thurs</b>	9AM—Julie				
	12:30PM- Julie			10AM-Julie				
	1:30PM—Julie			11AM -Julie				
	4PM—Julie			12:30PM-Julie				
				1:30PM-Julie				
				4PM-Julie				

Are there additional class times and days you would like a class offered? \_\_\_\_\_

### NEW CANAAN YMCA

*Enriching all people in spirit, mind, and body. . .*

(203) 966-4528 www.newcanaanymca.org

*The New Canaan YMCA is a 501(c)(3) nonprofit organization that relies on private and public support to fulfill its charitable mission of community service.*



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**New Canaan Y Pilates Apparatus Waiver**  
**PLEASE PRINT CLEARLY**

DATE \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

Please tell us about any medical conditions, orthopedic conditions, injuries, or medications that your instructor should be made aware of: (Please be as specific as possible and attach another piece of paper if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check Yes or No to the following: Heart Disease \_\_\_\_\_ Heart Attack \_\_\_\_\_ Diagnosed Heart Murmur \_\_\_\_\_ High Blood Pressure \_\_\_\_\_ High Cholesterol \_\_\_\_\_ Diabetes \_\_\_\_\_ Family History of any of these conditions

**Informed Consent Form for Exercise Participation**

**I desire to engage voluntarily in the New Canaan Y Pilates Reformer exercise program in order to attempt to improve my physical fitness. I understand that the activities are designed to place a gradually increasing workload on the musculoskeletal systems to thereby attempt to improve their function. The reaction of these systems to such activities can't be predicted with complete accuracy. There is risk of certain changes that might occur during or following the exercise. I understand that if I am taking any medications or have any medical conditions or injuries, I should check with my physician to learn how it may affect my exercise. I also acknowledge that I am responsible for monitoring my own conditions throughout the exercise program and should any unusual symptoms occur, I will cease my participation and inform my instructor and doctor of my symptoms.**

**In signing this consent form, I affirm that I have read this form in its entirety and that I understand the nature of the exercise program. I also affirm that my questions regarding the program have been answered to my satisfaction. In the event that a medical clearance must be obtained prior to my participation in the exercise program, I agree to consult my physician and obtain written permission from my physician prior to the commencement of any exercise program. Also, in consideration for being allowed to participate in the New Canaan Y pilates apparatus program, I agree to assume the risk of such exercise, and further agree to hold harmless the New Canaan Y and its staff members conducting the pilates apparatus program, from any and all claims, suits, losses, or related causes of action for damages, including, but not limited to, such claims that may result from my injury or death, accidental or otherwise, during, or arising in any way, from the pilates apparatus program.**

**SIGNS OF OVERDOING IT - - STOP EXERCISE AND INFORM INSTRUCTOR**

**\*musculoskeletal problems aggravated by exercise\*nausea\*irregular heart rate following exercise\*difficulty breathing\*undue fatigue during exercise\*dizziness or staggered walk\*tightness of chest or pain referred to teeth, arm, jaw, ear, or upper back**

Signature of Adult Participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Physician \_\_\_\_\_ Date \_\_\_\_\_  
(May be requested)

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