



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**New Canaan YMCA Pilates Apparatus
Private and Semi-Private Sessions Registration Form**

Instructions

1. Fill out in its entirety this registration form and sign the exercise waiver on the yellow form.
2. Detach and return the form below to the **New Canaan YMCA, Attn: Pilates Private Request**
3. You will be contacted within the next business day.
4. Once you are notified of your session time, please make payment at the front desk and keep your receipt to bring with you as your ticket to your sessions.
5. Questions, please call or email Bridget Philipp, 203-966-4528, x126, bphilipp@newcanaanymca.org

New Canaan YMCA Pilates Private and Semi Private Sessions Request Form

Name: _____ Gender: (circle) M or F Age: _____
 Address: _____
 Email: _____ Phone: _____

I am requesting (please circle): Privates (1 on 1) Semi-Privates (2 on 1)

For semi-privates, please write the name of the other participant, if known, here:

Have you ever taken Pilates Mat classes? Y or N If Yes, for how long? _____

Have you ever taken Pilates Reformer sessions? Y or N If Yes, how many sessions? _____

What days and times you would prefer to have sessions: (please indicate at least 3 options)

How sessions per week do you prefer? (circle) 1 session 2 sessions 3 sessions

Do you know the name of the instructor that you prefer? _____

In the highlighted column, please check off which package you are interested in.

**New Canaan YMCA Pilates Reformer Private and Semi Private Session Packages and Fees
effective Jan 2014**

Option	#	Fee		Option	#	Fee*	
Privates (1 person/1 instr)	1	\$87		Semi-Private (2 people/1 instr.)	1	\$57	
<i>The "Right Start" (one time purchase)</i>	3	\$200			5	\$270	
<i>Non-member rate</i>	3	\$261			10	\$515	
	5	\$425			20	\$920	
	10	\$820					
	20	\$1540					

*per person rate

**Return this form to New Canaan YMCA, Attn: Bridget Philipp
564 South Ave., New Canaan, CT, 06840, Fax #: 203-972-7738**



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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)

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.