



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

New Canaan Y Fall 2019 Pilates Apparatus Class registration form

- **Fall Session 1:** 9/4-10/15 (6-weeks), \$186/class **Fall Session 2:** 10/16-11/26 (6-weeks), \$186/class.
- **Fill out the attached registration form, and return to: New Canaan YMCA Attn: Kristin Schnitzler, Pilates Apparatus**
- **Starting on Aug 12th**, all participants are placed in classes on a first come first serve basis. Every effort is made to place according to level and preference. After being notified of class placement, participant must pay in full for spot in order to secure their registration.
- **After Wednesday, August 28th, registration in the remaining unpaid class spots will be open online or at the front desk.**
- You will be notified via email of your class placement. (Min of 3 required to run a class, Max 4)
- Questions, please call or email, Kristin Schnitzler, 203-920-1636, kschnitzler@newcanaanymca.org
- **Medical History and Exercise waiver (yellow sheet) must be turned in signed with this form**

Name: _____ Date: _____ Gender: M or F Age: _____

Address: _____

Email address (print clearly): _____ Phone: _____

New Participant ____ If Yes, have you ever taken Apparatus classes? ____ If yes for how long? _____

DIRECTIONS: In the column labeled #, please number your top 4 class requests per session (1= top, 4= last). In the Column labeled 1/2 please indicate Fall Session 1 or Fall Session 2 or both.

Fall Session 1: 9/4-10/15 - \$186 **Fall Session 2:** 10/16-11/26 -\$186

Day	Time	#	FA 1,2 or both	Day	Time	#	FA 1,2 or both	Day	Time	#	FA 1,2 or both
Mon	9:30AM			Wed	9AM			Fri	9AM		
Mon	10:30AM			Wed	10AM			Fri	10AM		
Mon	7PM			Wed	11AM			Fri	11AM		
Tues	10AM			Wed	5PM						
Tues	11AM			Thu	11AM						
				Thu	12PM						

- **If you have a request for a class time not listed, please make that here:** _____
- If you would like to request to be in a group with another participant(s) please list their names here: _____

Every effort will be made to try and accommodate your requests, however requests are not guaranteed.

NEW CANAAN YMCA 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.)

Have you ever taken Pilates Reformer classes? Y or N If yes, for how long?
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 _____ Osteoporosis/Osteopenia _____ Disc compression _____
Nerve compression _____
Broken bones/fractures _____ recent pregnancy (in last 6 months) _____

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

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