

Client Registration

Date: _____

All contact information is **confidential** and for Poise Studio LLC use only.

Name: _____ please circle: Male/Female Birth date: m/d/y

Street Address City State Zip

Phone #(s): _____ Email:

Do you have children: Yes/No If yes, name &
age : _____

Occupation: _____ Emergency contact name **AND** Phone

How did you hear about Poise Studio? (Check any which apply)

Friend or Relative (please provide name): _____ Phone Book

Brochure/Flyer- where from? _____ Website

Walking/Driving by _____ Other: _____

Which class(es) are you interested in? Yoga, Pilates, Belly Dance, Nia, Family/Kids, Other

What is your experience in? Please fill out what is applicable to the class you are taking.

Yoga: beginner intermediate advanced

Styles practiced: Bikram Power Ashtanga Hatha Iyengar Vinyasa Kundalini Meditation other: _____

Pilates: beginner intermediate advanced

Belly Dance: beginner intermediate advanced

Styles practices: Mat Reformer other: _____

Styles practices: Caberet Tribal other: _____

What is primary reason for coming to Poise Studio? (Circle all that apply)

Lose weight, increase flexibility, increase health, increase strength, stress relief, emotional healing, other _____

Have you had any surgeries or injuries? Yes No

If yes, please explain:

Is there anything your Dr. Recommends you work on?

Is there anything your Dr. Recommends you DO NOT do?

What is your current exercise program?

What are your goals in your practice?

How do you feel most days?

What are your health concerns/problems? Please describe below.

Mental:

Physical:

What qualities are you looking for in an instructor?

Is there anything else you would like to share with us?
