

Welcome to Borland's Studio of Pilates & Pilates Classes

Please fill out this form as completely as possible.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Other Phone: _____

Emergency Contact Name & Number: _____

Email Address: _____

Date of Birth: _____

List any injuries or medical issues that need to be known in order to exercise safely and efficiently?

1. _____

2. _____

3. _____

4. _____

5. _____

I verify the information is true: _____

Signature