



## Pilates Reformer Services

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_  
 Phone/Cell# \_\_\_\_\_  
 Requested Instructor \_\_\_\_\_  
 Preferred Day/Time (if private or partner session) \_\_\_\_\_

Please choose from the following services:

Pilates Reformer Services					
		Student		Other Member Status	Non-member
Class 1 day/week		\$15		\$20	N/A
Class 2 days/week		\$15		\$20	N/A
Private Session		\$35		\$40	\$45
Partner Session		\$25		\$30	\$35

*\*The fitness and nutrition services provided by University Recreation are non-refundable unless a verifiable medical conflict exists.*

*\*\*Certain requirements are necessary for these services provided, specifically the introduction class.*

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### Office Use Only

Paid \$ \_\_\_\_\_ Cash \_\_\_ Check \_\_\_ BamaCash \_\_\_ Credit Card \_\_\_

Staff \_\_\_\_\_ Please verify that all paperwork has been completed.

Invoice# \_\_\_\_\_

Registered class day(s) \_\_\_\_\_ and time \_\_\_\_\_

**Form B**



Name: (please print) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Par-Q Form

Many health benefits are associated with regular exercise, and the completion of PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life.

For most people physical activity should not pose any problem or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these few questions. Please read them carefully and check YES or NO opposite the question if it applies to you.

- | <b>YES</b>               | <b>NO</b>                |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has your doctor ever said you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you feel pain in your chest when you do physical activity?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. In the past month have you had chest pain when you were not doing physical activity?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you lose balance because of dizziness or do you ever lose consciousness?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have a bone or joint problem that could be made worse by a change in your activity?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you know of <u>any other reasons</u> why you should not do physical activity?   |

If you answered **NO** honestly to all PAR-Q questions, you can be reasonably sure that you can:

1. Start a graduated exercise program
2. Take part in a fitness appraisal

However, if you have a minor illness (e.g., cold) you should postpone activity.

If you answered **YES** to one or more PAR-Q questions, you should consult your physician if you have not done so recently before starting an exercise program and /or having a fitness appraisal.



**HOSPITALIZATIONS:** Please list recent hospitalizations (women: please do not list normal pregnancies)

Year \_\_\_\_\_ Location \_\_\_\_\_ Reason \_\_\_\_\_

**Any other medical problems not already identified?** Yes \_\_\_ No \_\_\_ (please list below)

Have you ever had your cholesterol measured? Yes \_\_\_ No \_\_\_; If yes, (value) \_\_\_ (Date) \_\_\_\_\_

Are you taking any prescription or non-prescription medications?

Yes \_\_\_ No \_\_\_ (include birth control pills)

Medication \_\_\_\_\_ Reason for taking \_\_\_\_\_ For how long? \_\_\_\_\_

Do you currently smoke? Yes \_\_\_ No \_\_\_ If so, what? Cigarettes \_\_\_ Cigars \_\_\_ Pipe \_\_\_

How much per day? <1/2 pack \_\_\_ 1/2 to 1 pack \_\_\_ 1 1/2 to 2 pack \_\_\_ >2 packs \_\_\_

Have you ever quit smoking? Yes \_\_\_ No \_\_\_ When? \_\_\_ How many years? \_\_\_

Do you drink any alcoholic beverages? Yes \_\_\_ No \_\_\_ If yes, how much in one week?

Beer \_\_\_(cans) Wine \_\_\_(glasses) Hard liquor \_\_\_(drinks)

Do you drink any caffeinated beverages? Yes \_\_\_ No \_\_\_ If yes, how much in one week?

Coffee \_\_\_(cups) Tea \_\_\_(glasses) Soft drinks \_\_\_(cans)

**Activity Level Evaluation**

What is your occupational activity level? sedentary \_\_\_ light \_\_\_ moderate \_\_\_ heavy \_\_\_

Do you currently engage in vigorous activity on a regular basis? Yes \_\_\_ No \_\_\_

If so, what type? \_\_\_\_\_ How many days per week? \_\_\_\_\_

How much time per day? (check one) <15 min \_\_\_ 15-30 min \_\_\_ 30-60 min \_\_\_ >60 min \_\_\_

Do you ever have an uncomfortable shortness of breath during exercise? Yes \_\_\_ No \_\_\_

Do you ever have chest discomfort during exercise? Yes \_\_\_ No \_\_\_

If so, does it go away with rest? Yes \_\_\_ No \_\_\_

Do you engage in any recreational or leisure-time physical activities on a regular basis? Yes \_\_\_ No \_\_\_

If so, what activities? \_\_\_\_\_

On average: How often? \_\_\_ (times/week); For how long? \_\_\_\_\_ (minutes/session)

Are you currently following a weight reduction plan? Yes \_\_\_ No \_\_\_

If so, how long have you been dieting? \_\_\_ months

Is the plan prescribed by your doctor? Yes \_\_\_ No \_\_\_

Have you used weight reduction plans in the past? Yes \_\_\_ No \_\_\_

If yes, how often and what type: \_\_\_\_\_

Please list the reasons why you want to join the exercise program.

To lose weight \_\_\_ Doctor's recommendation \_\_\_ For good health \_\_\_ Enjoyment \_\_\_

Release of tension \_\_\_ Improve physical appearance \_\_\_ Other: \_\_\_\_\_

**Form D**



**Fitness Services  
Informed Consent**

I desire to participate voluntarily in a progressive exercise program and/or various fitness tests in an attempt to assess and improve my physical fitness.

I understand that these physical activities and/or various fitness tests are designed to put a gradually increasing workload on my circulatory system and/or musculoskeletal system in an attempt to improve their function. The reaction of the system(s) to such activities cannot be predicted with complete accuracy. The possibility of certain unusual changes during or following the exercise session does exist. These changes could include abnormalities of blood pressure or heart rate, ineffective heart function, fainting, muscle strains, and possibly, in rare instances, a heart attack or cardiac arrest.

The benefits obtained from the various fitness tests might include an increased knowledge of chronic disease risk as well as baseline measures for the trainer to use in assessing improvements in your fitness level.

The benefits obtained from the exercise program might include a more efficient cardiovascular system, a decrease in the risk of heart disease and other chronic diseases, an improved muscular and skeletal system, and a higher quality of life.

I realize that it is necessary for me to report promptly any signs or symptoms indicating abnormalities or distress. I know that if there are any questions about the procedures or methods used during an exercise session or test, I should ask my trainer. If I have any doubt, concerns or questions I should ask for further explanation.

I have read this form and I voluntarily consent to participate in this exercise program and/or various fitness tests and realize that I am free to withdraw at any time.

Date \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

Signature \_\_\_\_\_

Witness \_\_\_\_\_



## Fitness Services

Welcome to Pilates Reformer training at The University of Alabama Student Recreation Center. Please observe the training etiquette outline below:

- It is expected that you will keep all scheduled appointments.
- Private or partner sessions should be cancelled 24 hours in advance. Appointments not cancelled will be charged as a training session. The instructor will make up any sessions he/she has to cancel.
- Instructors will wait fifteen minutes for late arrivals. If you have not arrived within 15 minutes of your appointment/class time, you will forfeit your session.
- Another qualified instructor may substitute in the event that your trainer is unable to attend the scheduled session.
- Home address, home numbers, and cell phone numbers for the instructors are not given to clients. Please call the number listed below in the event that you are going to be late or have to cancel a scheduled session:

**Assistant Director, Fitness Services and Membership –  
Kristen Durham – 348-0159 or [kedurham@sa.ua.edu](mailto:kedurham@sa.ua.edu)**

Feel free to call us at any time with any new ideas, suggestions, or comments. Our goal is to help you improve your fitness and overall quality of life. Thanks for choosing us to help you meet your fitness needs.