

Flax Core Pilates, LLC
Pre-Registration/ Evaluation

Date _____

Name _____

E-mail _____

Contact phone # _____

Address/ Zip _____

Emergency Contact and Phone _____

1. Is this your first time trying Pilates ? yes, no

2. What do you do for physical activity on a weekly basis?

3. Why are you trying this Pilates mat class?

4. Please list any medical or physical conditions that might have an impact on your ability to participate in this Pilates class :

Cancellation Policy:

- 24- hour notice of cancellation is required to avoid being charged for sessions.
- Please cancel with a call/ text **608-575-8629** or email- **flaxcorepilates@gmail.com**
- If you wish to cancel a duet or trio session, please give your partner(s) 24 hours notice so that they may opt to either cancel, reschedule, or keep the scheduled appointment time and pay the increased fee for a private or duet session.

I have read the cancellation policy and agree to the terms and conditions.

Signed: _____ Date _____