

REGISTRATION FORM; PILATES-ONLY

Classes are by advanced payment, signup, & 24-hour cancellation* (360 352-3444); but you can make arrangements to pay upon arrival to your 1st visit.
Complete & bring Medical Waiver to 1st visit.

SPECIAL OFFER (IF APPLICABLE)? PLEASE WRITE IN HERE: _____ Purchasing as SPLIT? Y N

NAME: _____ HOME PH: _____

EMAIL: _____ CELL PH: _____

INTRO & DISCOUNT PACKAGES:
(PRICES BELOW REFLECT BASE + 8.8% TAX)

INTRO PILATES; SOLD AS SPLITS BETWEEN TWO INSTRUCTORS
(1st time clients / 3 months to use / check option of choice below)

\$65.28 / Trisha \$65.28 /Heather

- Option I - 12 Mat/Barre Classes (6 with each instructor)
- Option II - 4 Group Apparatus Sessions (2 with each instructor)
- Option III - 2 Private Apparatus (1 with each instructor)
- Option IV - 2 Group Apparatus + 6 Mat/Barre (1 Group App + 3 Mat/Barre with each)

*Apparatus includes Swing-a-Lates and Aerial Pilates upon request. **Barre w/Heather only.

Number of Apparatus sessions below based on GROUP charge (3-5 persons)

-OR-

Make it a "Flex-Pkg." Chip away at starting bal (before taxes) by attending any of your instructor's offerings.

Make any package below a "SPLIT" (50/50 pd to each, Trisha & Heather).

___ \$600/XL (**\$652.80**) Priv \$60, Duet \$30, Grp/\$20, Mat/Barre \$10

___ \$400/LG (**\$435.20**) Priv \$65, Duet \$35, Grp/\$20, Mat/Barre \$12

___ \$270/MD (**\$293.76**) Priv \$70, Duet \$40, Grp/\$20, Mat/Barre \$13

___ \$140/SM (**\$152.32**) Priv \$75, Duet \$45, Grp/\$20, Mat/Barre \$14

APPARATUS BY APPOINTMENT. To schedule call: 360-352-3444

24-hour cancellation required: 360 352-3444 (press "1" to leave msg) – no schedule-related emails, plz

MAT w/Trisha	MAT & BARRE w/Heather
MON - 5:30 pm Mat	SUN - 6:00 pm Mat
WED - 5:30 pm Mat	MON - 4:30 pm Barre Pilates
THU - 4:30 pm Mat	TUE - 12:15 pm 30 Min. Mat
	TUE - 5:30 pm Barre Pilates
	WED - 4:30 pm Mat
	THU - 12:15 pm 30 min. Mat
	THU - 5:30 pm Barre Pilates

TO RESERVE YOUR 1ST CLASS AFTER PMT:

CALL: 360 352-3444

PRESS 1 to leave a message*

*Name, ph, em, & class time desired.

Then...just COME! We only return call if class is full!
(Apparatus is by apt only. Leave general day/time desired)

I WISH TO PURCHASE:

Choose an Instructor, or both as a "Split."

Trisha _____ (Chk payable to: PCO)

Heather _____ (Chk payable to: Heather Christopher)

To attend classes with BOTH Trisha & Heather, pay half of the total to each instructor as calculated below.

ITEM	AMT w/tax
"Special" if applicable	\$ _____
Special Split? 50% TTL (+8.8% tax) to each instructor: \$ _____ to Trisha \$ _____ to Heather	
Intro Pilates Split	
\$65.28 to Trisha \$65.28 to Heather	
___ I ___ II ___ III ___ IV	
*Single Rate Apparatus:	
Private	___ \$87.04
Duet	___ \$59.84
Group	___ \$48.96
*Single Rate Mat or Barre:	___ \$21.76
Pilates XL	___ \$652.20
(OR "Split" pmts: ___ \$326.40/Trisha ___ \$326.40/Heather)	
Pilates LG	___ \$435.20
(OR "Split" pmts: ___ \$217.60/Trisha ___ \$217.60/Heather)	
Pilates MD	___ \$293.76
(OR "Split" pmts: ___ \$146.88/Trisha ___ \$146.88/Heather)	
Pilates SM	___ \$152.32
(OR "Split" pmts: ___ \$76.16/Trisha ___ \$76.16/Heather)	
	TOTAL \$ _____
___ Check(s) Attached (Or provide CC info below.)	

Charge my VISA/MC # _____ - _____ - _____ - _____ Exp _____ / _____ / _____ CVV _____

ZIP _____ Signature: _____ Date: _____ / _____ / _____



Please complete the Registration and Medical/Liability forms and return them to Pilates at Play, LLC to reserve your spot on the class schedule.

Pilates at Play, LLC
515 State Ave NE
Olympia, WA 98501
(360) 352-3444

We are located on State Ave NE between Cherry & Jefferson

HOW TO RETURN FORM:

Please call and let us know when you dropped off or mailed form and payment so we are looking for it.

1. DROP OFF (if studio is closed, slip envelope through double front doors.)
2. MAIL TO: Pilates at Play, 515 State Ave NE, Olympia, WA 98501
3. FAX TO: 360 426-3339 (include credit card information on registration form)
4. **REMINDER: To cancel CALL: 360 352-3444 at least 24-hrs in advance. No emails, please.**

Thank you for your interest in Pilates at Play!



PILATES AT PLAY MEDICAL FORM

I'M SIGNING UP FOR: PILATES POLE DANCING OMNIA YOGA TRAPEZE BUTI

NAME: _____

ADDRESS: _____

HOME PH: _____ CELL: _____

E-MAIL: _____ SEX: M F DOB: ___/___/___

ER CONTACT: _____ PH: _____

Any injuries or surgeries? (Circle) Y N When? _____

Explain: _____

Any conditions or concerns? (Circle)

KNEES NECK ELBOWS SHOULDERS HIPS HANDS FEET WRISTS ANKLES SCOLIOSIS ARTHRITIS HEART LUNGS ASTHMA

ULCERS SCIATICA UPPER BACK MIDDLE BACK LOWER BACK PREGNANCY

Explain: _____

How did you hear about us? YELP__ Internet__ Drive / Walk By__ A Friend (who?) _____

What are your fitness goals? _____

Policy Statement and Client Responsibility Admission

PAYMENT / CANCELLATION POLICY:

I, the undersigned, understand the following...

I am financially responsible for purchasing in advance to reserve a spot in any Pilates At Play offering.

If I must cancel, I must call the studio, or the direct number my instructor has provided me with (no emails) at least 24 hours in advance.

Failure to place cancellation call 24 hours in advance will result in forfeiture of missed class.

It is my responsibility to arrive on time to any offering I have reserved a spot for on the schedule.

Classes are subject to cancellation/change based on demand.

In the event of unforeseen illness or arranged absence; the offering I've signed up for may be taught by another instructor filling in.

REFUND POLICY:

All packages are non-transferable/non-refundable.

PACKAGE EXPIRATION:

Committing to regular attendance is necessary to experience progress and growth. As such, I understand that the package I have purchased must be used within a specific time frame established by the instructor(s) I have purchased from.

LIABILITY RELEASE:

I understand that I am attending classes at my own risk and am responsible for my own well-being, and that I must inform the instructor of any limitations by stating such on the medical portion of this form.

I also understand that if I am enrolled in any classes in which aerial or inverted moves are performed, I am prohibited from performing such moves without a crash-pad, and/or my attending instructor spotting me, or giving me permission.

I accept the potential risk involved in attending exercise-related offerings at Pilates at Play, LLC and release Trisha Hatfield-Graves, Paul Graves, Cally Baker, Heather R. Christopher, Tiffany Jolly, Maggie Neuse, Noel Niemi, Lori Capra, Richard Castle dba/515-520, LLC; and any/all other instructors or individuals affiliated with Pilates at Play, LLC from any liability resulting from personal injury incurred during class, event or on the premises.

I am signing below to indicate that I have read and understand the above, and that all statements are true, and correct.

CLIENT SIGNATURE

DATE

PARENT SIGNATURE (If client is under 18)

DATE