

REGISTRATION FORM; PILATES-ONLY

Classes are by advanced payment, signup, & 24-hour cancellation* (360 352-3444). *Complete & bring Medical Waiver to 1st visit.*

If you are unsure of which package to purchase; pay Single Rate for the class you wish to attend, and we will credit amount toward pkg of choice after first visit.

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

NAME: _____ **HOME PH:** _____

EMAIL: _____ **CELL PH:** _____

APPARATUS & MAT PRICES:

(8.8% TAX added at time of purchase. Barre taught by Heather only)

SINGLE RATES:

- ___ \$80 (**\$87.04**) Apparatus; Private ___ \$55 (**\$59.84**) Apparatus; Semi-Private (Group)
- ___ \$25 (**\$27.20**) Mat/Barre (50-min class) ___ \$15 (**\$16.32**) Mat (30-min lunchtime)
- ___ \$360+tx (**\$391.68**) APPARATUS x 12 SEMI-PRIVATEs -or- 6 PRIVATEs (6 mo to use)
___ 50/50 Split by paying **\$195.84** to PCO (Trisha) & **\$195.84** to Heather.
- ___ \$150+tx (**\$163.20**) APPARATUS x 4 SEMI-PRIVATEs -or- 2 PRIVATEs (2 mo to use)
___ 50/50 Split by paying **\$81.60/** PCO (Trisha) & **\$81.60/**Heather.
- ___ \$288+tx (**\$313.34**) MAT &/or BARRE x 24 (6 mo to use)
___ 50/50 Split **\$156.67** to PCO **\$156.67** to Heather.
- ___ \$180+tx (**\$195.84**) MAT &/or BARRE* x 12 (4 mo to use)
___ 50/50 Split **\$97.92** to PCO **\$97.92** to Heather.
- ___ \$72+tx (**\$78.34**) MAT &/or BARRE* x 4 (2 mo to use)
___ 50/50 Split **\$39.17** to PCO **\$39.17** to Heather.
- ___ \$100+tx (**\$108.80**) 1-MO UNLMT MAT/BARRE* with either Trisha/PCO -or- Heather
___ \$150 (**\$163.20**) 1-MO UNLMT MAT & BARRE SPLIT **\$70.72** to PCO **\$92.48** to Heather.

Call 360 352-3444 (press "1") to sign up or to cancel 24-hrs in advance.
Please, no schedule-requests or cancellations via text or emails.

MAT w/Trisha	MAT & BARRE w/Heather
MON - 5:30 pm Pilates Mat	SUN - 5:30 pm Pilates Mat
WED - 5:30 pm Pilates Mat	MON - 4:30 pm Barre Pilates
THU - 4:30 pm Pilates Mat	TUE - 12:15 pm 30 Min. Mat
	TUE - 5:30 pm Barre Pilates
	WED - 4:30 pm Pilates 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 by appt only. Call # above.)

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 (if applicable): Trisha (PCO)	\$ _____
Heather	\$ _____

SINGLE RATE CLASS:

CLASS: _____ Amt: \$ _____

PILATES PACKAGE(S):

PKG: _____ Amt: \$ _____

"SPLIT" (if applicable) Trisha/PCO \$ _____
Heather \$ _____

TOTAL (incl 8.8 tax) \$ _____

Check(s) Attached -or- charge my CC 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 + 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. EMAIL as attachment to: info@pilatesatplay.com

Remember; to sign up or cancel, CALL: 360 352-3444 at least 24-hrs in advance. No emails, please.

Thank you for your interest in Pilates at Play!



NAME: _____

ADDRESS: _____

HOME PH: _____ CELL: _____

E-MAIL: _____ DOB: ___/___/___

EMERGENCY 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 HEART

SCOLIOSIS ARTHRITIS LUNGS ASTHMA ULCERS SCIATICA UPPER BACK MIDDLE BACK LOWER BACK PREGNANCY

Explain: _____

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

What are your fitness goals? _____

Policy Statement and Client Responsibility Admission

Unless pre-arranged; please arrive on time. Classes/sessions are subject to cancellation/change based on demand. In the event of illness or arranged absence; classes/sessions may be taught by a substitute instructor.

REFUND POLICY: *All packages are non-transferable/non-refundable.*

PACKAGE EXPIRATION:

Committing to regular attendance is necessary to experience progress and growth. ***I understand that the package I have purchased has an expiration date by which all classes must be used.***

LIABILITY RELEASE:

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

POLE/AERIAL: I understand that I am prohibited from performing any suspended/aerial moves without a crash-pad, and/or my instructor spotting or permitting.

I accept the potential risk involved in attending classes, sessions, and events at Pilates at Play, LLC and release Trisha Hatfield-Graves, dba/Pilates At Play, Paul Graves, Calisha Baker, dba/Pole at Play, Heather Christopher, dba/Perennial Pilates, Wendy Wilson, Richard Castle dba/515, LLC; and any/all other instructors or individuals affiliated with Pilates at Play, LLC from any liability resulting from personal injury incurred on the premises.

PAYMENT POLICY:

I understand I am financially responsible for purchasing in advance to reserve a spot in any class, session, or event.

CANCELLATION POLICY; PILATES:

I understand I must cancel at least 24 hours in advance, or forfeit class, session, or event (no exceptions).

To cancel a session with Trisha call 360-352-3444 and leave a message. No email/text cancellations.

To cancel a class/session with Heather call/text 360-556-4620 or email h_christopher@comcast.net.

By signing below, I 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