WELCOME TO PENN RECREATION’S
PROGRAMS DEPARTMENT

Dear Client:

Thank you for your participation in a personal service from The University of Pennsylvania’s Department of Recreation. We are looking forward to providing you with a positive experience and assisting you with the achievement of your personal health, fitness, and wellness goals.

Please take a few minutes to review and complete the enclosed program registration and release of liability form, client information sheet, health history questionnaire, program policy form, and program informed consent. These forms will provide our health and fitness professionals with the required information necessary to begin your service.

Thank you again and please feel free to contact me with any questions regarding any of our program services.

In Good Health,

Membership Services
University of Pennsylvania Department of Recreation
David Pottruck Health and Fitness Center
3701 Walnut Street
Philadelphia, PA 19104
Email pennrec@pobox.upenn.edu
Phone: 215-898-6100
PROGRAM REGISTRATION FORM

NAME: ___________________________________ PENN ID: ____________________

DAY PHONE: __________________________ EVENING PHONE: ______________________

EMAIL: ___________________________________ UNIV. STATUS: ___________________

PROGRAM INFORMATION

PROGRAM/CLASS: __________________________________ # OF SESSIONS: _______

PROGRAM/CLASS: __________________________________ # OF SESSIONS: _______

CLIENT STATUS: Please circle one NEW CURRENT/REPEAT

TRAINER/INSTRUCTOR/ THERAPIST ASSIGNED: __________________________________

AGREEMENT AND RELEASE OF LIABILITY

1. In consideration of gaining membership or being, allowed to participate in the activities and programs of the Trustees of the University of Pennsylvania and to use its facilities and equipment, in addition to the payment of any fee or charge, I do hereby waiver, release and forever discharge the Trustees University of Pennsylvania and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participations in any activities or my use of equipment in the above mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of the Department of Recreation or the use of any equipment at the University of Pennsylvania.

(Please initial :_______________)

2. I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, are a potentially hazardous activity. I also understand that these activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

(Please initial :_______________)

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of the Trustee of the University of Pennsylvania or use of equipment except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician’s approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physicians as to physical activity, exercise, and equipment use. I acknowledge that I have either had a physical examination and have been given any physician’s permission to participate, or that I have decided to participate in activity and/or use of equipment without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment in my activities.

(Please initial :_______________)

_________________________________                  ______________________
Signature                                                                         Date
Private Pilates Program
Client Information Sheet

Name: ___________________________ Date: _________ # of Lessons: _______

Please circle/answer the following questions in order to provide us with pertinent information that will aid in the development of your personalized training program.

1. Is this your first time working with a Pilates instructor?    Yes     No

2. Why have you decided to participate in the Penn Power Pilates Program?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

3. Do you currently exercise?    Yes    No
   If no, have exercised in the past?    Yes    No
   How long it has been since you have performed routine exercise at least 3x/week?  0-6 months  6-12 months  >1 year

4. Please list your personal health and fitness goals in order of importance:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

5. Please list any additional activities that you are currently participating in or have participated in the past (sports, recreational hobbies, walking, cycling, group exercise classes, etc.):
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

6. Please describe any limitations/restrictions that your instructor should be made aware of prior to beginning your personalized program?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

7. Please circle what day(s) are best for you to commit to your private Pilates sessions?

   Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

8. Please circle what time(s) are best for you to commit to your private Pilates sessions?

   6-9 AM  9-12 PM  12-3 PM  3-6 PM  6-9 PM

Instructor Assigned: ___________________________ Date: __________________ Initials: __________________

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OFFICE USE ONLY

Health History Questionnaire     Yes    No
Informed Consent                Yes    No
Program Policy                  Yes    No
POTTRUCK CENTER
HEALTH HISTORY QUESTIONNAIRE

Name: ____________________________ Age: _____ Date of Birth: ____________

Address: ____________________________

City: ____________________________ State: _______ Zip: _______

Home Phone: ____________________________ Work Phone: ____________________________

Email: ____________________________

University Status: Student Faculty/Staff Other

Sex: M or F Height: _______ Weight: _______

Physician’s Name: ____________________________ Phone #: ____________________________

Do you currently exercise? Yes No
If no, have exercised in the past? Yes No

How long it has been since you have performed routine exercise at least 3x/week? 0-6 months 6-12 months >1 yr.

IN CASE OF EMERGENCY CONTACT:
Name: ____________________________ Phone #: ____________________________

This form is not a substitute for a thorough physical examination, assessment and diagnosis by your physician. It is designed to identify adults for whom physical activity might be inappropriate at this time. The Department of Recreation strongly recommends that each member undergo a medical examination before beginning any exercise programs.

PLEASE CHECK ALL THAT APPLY
HAVE YOU EVER BEEN DIAGNOSED WITH, OR DIAGNOSED WITH THE FOLLOWING:

☐ Heart Attack/Heart Disease ☐ Diabetes Mellitus (Req. Insulin Therapy)
☐ Coronary Bypass ☐ Angina Pectoris
☐ Embolism ☐ High Blood Pressure (Req. Medication)
☐ Pacemaker ☐ Stroke
☐ Aneurysm ☐ Epilepsy or Seizures

If you checked any of the above conditions, you MUST have medical clearance prior to exercising and orientation.

PLEASE CHECK ALL THAT APPLY TO YOU:

GENERAL HISTORY:
☐ Male over 45 or female over 55?
☐ Do You Smoke? If no, have you quit within the previous 6 months? ______
☐ Have you had major surgery or been hospitalized within the past year?
☐ Are you currently pregnant? If yes, when are you due? ______
MEDICAL HISTORY:
Do you have a history of the following conditions:

☐ Asthma and Allergies (req. medication)
☐ Bronchitis
☐ Cancer (please specify: ______________________)
☐ Coronary Heart Disease (heart attack, bypass surgery, chest pain, heart murmur, irregular heart rhythm, other)
☐ Diabetes
☐ Family History of Heart Disease (heart attack or sudden death in males <55 years and females <65 years of age)
☐ Gastric Reflux or Heartburn
☐ High Blood Pressure
☐ High Cholesterol
☐ Kidney Disorder
☐ Liver Disease
☐ Sleep Disorders (including Apnea)
☐ Surgical Weight Reduction Procedure (gastric bypass, laparoscopic band, etc.)
☐ Stroke
☐ Thyroid Condition
☐ Other not listed (please specify: ______________________)

If you checked any of the above boxes, please provide further details:
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Are you presently under medical care, supervision, under restrictions from your physician for any other health related issues?
If yes, please explain:
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

MUSCULOSKELETAL HISTORY:
Have you ever had or done any of the following:

☐ Arthritis
☐ Bone Conditions (fractures, low density, vitamin and mineral deficiencies, osteoporosis, other)
☐ Chiropractic Care
☐ Chronic joint problems
☐ Physical Therapy
☐ Past injuries from physical activities, accidents, etc. If yes, please explain:
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

OTHER:
Is there any other medical condition not mentioned that may limit your physical activity: ______________________________
__________________________________________________________________

Please list all prescription and/or over the counter medications you currently take: ______________________________
__________________________________________________________________
__________________________________________________________________

Please list all vitamins, minerals, and nutritional supplements you currently take: ______________________________
__________________________________________________________________
__________________________________________________________________

I understand the nature of the Health History Questionnaire and I am aware that any strenuous physical activity involves risk. Accordingly, I release, discharge, absolve, and hold harmless the University of Pennsylvania, the Department of Recreation and Intercollegiate Athletics, the Penn and Katz Fitness Centers, and Fitness Instructors or student employees, and all associated from any and all liability arising out of any accident, injury, or loss sustained by me as a result of activities at or present in the Fitness Centers located at Hutchinson Gymnasiums and the David Pottruck Health and Fitness Center. I declare, to the best of my knowledge, that all my answers are true, correct, and complete.

Client Signature ___________________________ Date __________

Pilates Instructor Signature (Department of Recreation representative) ___________________________ Date __________
Private Pilates Payment & Cancellation Policy

Program Policy
Each lesson is based on a 60-minute workout. To get the most out of our efforts, please be ready to exercise at the appointment time. Keep in mind that when you are late to a session, it will end at the scheduled time. If you are more than 30 minutes late, it will be considered a no-show and you will be charged.

Please wear loose, comfortable clothing to facilitate ease of movement, along with appropriate athletic footwear. You are required to follow all posted facility rules and regulations while working with a Pilates instructor. The Pilates instructors are available by APPOINTMENT ONLY Monday through Friday, 7 AM – 7 PM. Lessons before or after this time period or on the weekends may be requested, but not always available. Scheduling early morning, late evening, or weekend lessons are under the discretion of your assigned Pilates instructor, however the instructors are not obligated to entertain these time frames.

Payment Policy
All lessons must be paid for in advance. This will reserve a scheduled time slot and help you commit to your goals. Pilates instructors are not permitted to receive payments. All payments must be made at the Department of Recreation Membership Services Office located in the Pottruck Center. Check, credit card (visa or mastercard only), and cash (exact change only) payments are accepted. Checks are to be made payable to ‘The Trustees of The University of Pennsylvania’. Payments made outside of these terms will result in termination of all membership privileges to the Department of Recreation.

Lesson payments are non-refundable, but they may be transferred for another program or service if still valid. Transfer permission must be obtained from the Associate Director for Programs. 3 and 5 session packages expire 90 days from the ORIGINAL DATE OF PURCHASE. Packages of 10 or more sessions expire 120 days from the ORIGINAL DATE OF PURCHASE.

Cancellation Policy
You, as the client, have the ability to cancel at any time. As a professional courtesy, a 24 hours notice is required when canceling an appointment. If you do not provide 24 hours notice, you will be charged for that session.

Cancellation requests must be communicated directly to your assigned Pilates instructor. During your initial contact with your instructor you will receive his/her contact information. Please retain this information for your records.

In an extreme circumstance, the situation will be reviewed. Extreme circumstances include, but are not limited to, sudden unexpected car trouble, illness, uncontrollable life events, emergencies, etc. The assigned Pilates instructor does have the right to ask for proof of any such incident. If there should be a discrepancy, the ultimate decision will be left to the Associate Director for Programs.

I acknowledge and fully understand the Program, Payment, and Cancellation Policy stated above.

__________________________  ______________________
Client Signature                       Date

__________________________  ______________________
Pilates Instructor Signature (Department of Recreation representative)  Date
Private Pilates Program
Waiver and Informed Consent

I have enrolled in a program of physical activity offered by the Pilates Program, Department of Recreation at the University of Pennsylvania (collectively referred to as Penn). I understand that my participation in this program is voluntary and I affirm that I am in good physical condition. I may discontinue my participation at any time and may choose not to participate in any activity. As evidenced on the Health History Questionnaire, I have advised the staff of any and all medical conditions including but not limited to disease and/or injuries I may have and the use of any medications that may effect or limit my participation or use of any specific equipment or activity.

I in exchange for good and valuable consideration, hereby waive and release the Trustees of the University of Pennsylvania, the Department of Recreation, the Pilates Program, their employees, as well as students and volunteers from and against all claims, demands and damages of any sort and from whatever cause because of my being upon these premises and participation in this program. I understand that I may be injured as a result of my participation in this program or as the result of the conduct of another. I further release and hold harmless Penn from all injuries, including serious injuries and death, directly or indirectly related or unrelated to my participation in this program. I understand that Penn will in no way bear responsibility for medical bills or related expenses pertaining any injury or incidents that may occur at any time.

I have had an opportunity to ask any questions of my instructor or staff of the Department of Recreation regarding this program. I understand that there are risks associated with any physical activity program. In the event that I am injured or ill at any point during or after my participation in this program I will immediately notify my instructor and the Department of Recreation.

As evidenced by my signature below, I agree to abide by the Rules and Regulations of the Department of Recreation and I agree I have read and fully intend to comply with the contents of this document.

________________________________________________________________________
Client Signature  Date

________________________________________________________________________
Pilates Instructor Signature (Department of Recreation representative)  Date
Welcome to the Department of Recreation’s Pottruck and Fox Health and Fitness Centers. Our policies have been developed with the intention of providing all members with a clean, safe and welcoming environment. Please observe our core policies listed below during your use of the facility:

- We recommend consulting a physician and receiving proper clearance prior to beginning an exercise program.
- Exercising may cause conditions such as dizziness, exhaustion, or other signs or symptoms that may put you at risk for injury. If you experience any of these or other physical abnormalities, immediately stop exercising and contact the facility staff on duty.
- Please report any personal injuries immediately to the facility staff on duty.
- We recommend participating in an orientation with a member of our fitness team to understand the proper use of our equipment prior to beginning your routine.
- Please place all personal items in a locker. Bags, extra clothing, and other personal items are not permitted in the fitness center.
- Please refrain from eating food, chewing gum, and/or drinking any beverage other than water or sports drink in an enclosed plastic container in the facility.
- Please limit yourself to 30 minutes on all cardiovascular equipment.
- Please wipe down all equipment including controls, handles, seats, and pads when you are finished with your workout.
- Please use all exercise equipment as specified by the manufacturer for its intended use. Moving or modifying the use of the equipment is not permitted.
- We recommend the use of a spotter and collars on all bars when training with free weights.
- Please raise and lower all machines and free weights carefully; avoid dropping or banging the equipment on the floor.
- Please return all free weight plates, bars, dumbbells, collars, medicine balls, stability balls, and any other miscellaneous equipment to their appropriate storage rack when finished.
- Please observe our dress code policy. Non-casual athletic footwear, t-shirts, and athletic shorts/pants must be worn at all times. Boots, open toe footwear, excessive jewelry, jeans, non-athletic pants/shorts, and revealing clothing is not permitted in the fitness center.
- Please conduct yourself in a responsible manner at all times. Inappropriate or abusive language, aggressive behavior, smoking, smokeless tobacco, or the use of drugs and/or alcohol is not permitted in the fitness center.
- Please see a staff member regarding programs and services. Members and guests are not permitted to provide personal training services, nutritional products, or others goods and services in the fitness center.

For a complete list of policies and procedures, please visit www.upenn.edu/recreation