



# Client Registration

Welcome to our Studio/Clinic

All client information provided by you to Kristine Marie is considered private and confidential.

Client Name: \_\_\_\_\_  
Last First MI

Male  Female Age: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_

City/State/zip: \_\_\_\_\_

Occupation: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Contact phone: (\_\_\_\_) \_\_\_\_\_

Referred By: \_\_\_\_\_

Email: \_\_\_\_\_

appointment only reminder

*Email contact will allow you to receive appointment confirmations & Studio Information via the internet.*

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How did you hear about the studio?

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What are your fitness/rehabilitation goals? (Be specific)

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Current fitness activities: (walking, biking, running, golf, tennis, etc. Please indicate frequency)

# Client Policy

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To ensure a quality experience @ Kristine Marie, LLC, the following policies will be reinforced:

1. 24 hour notice is required to cancel a private or duet session. If cancellation or no show occurs with less notice, you will be charged for 1 session of the package or 1 session price.
2. Please arrive to your session a few minutes early to prepare. If you arrive late for a session you will be charged for the entire session and will receive the remainder of the lesson only.
3. All sessions are by appointment only, sorry, no drop-ins.
4. Please do not come to your session if you have a fever or cough.
5. Please wait in the sitting area for your scheduled appointment.
6. It is your responsibility to immediately inform your instructor/health professional if you experience any pain or discomfort during any session.
7. If there is a change in the information you have given in the Client Registration Form or Medical Survey it is your responsibility to provide the updated information to your instructor/health professional at the first session following this new information.
8. Any illicit or sexually suggestive remarks or advances will result in immediate termination of the session. You are liable for payment of the scheduled appointment.
9. All packages of 3 expire in 1 month, 10 in 3 months and 20 in 6 months. Please speak to your instructor in advance of expiration for an extension.
10. There are no refunds on any pre-paid services.
11. Have fun and let us know of anything we can do to serve you better.

I have read and understand the above stipulations and agree to comply with these policies.

Printed Name: \_\_\_\_\_

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

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

(If minor, legal guardian must sign)