



PISCES POLE STUDIO LTD

Stronger together, building confidence and community

the Pisces way!

Client Intake Form

CLIENT INFORMATION

Full Name: _____

Date of Birth: ____ / ____ / ____ Age: _____

Address: _____

Phone Number: _____

Email Address: _____

EMERGENCY CONTACT

Name: _____

Relationship: _____

Phone Number: _____

HEALTH & MEDICAL DISCLOSURE

Please tick any that apply:

- ☐ Heart conditions
- ☐ High or low blood pressure
- ☐ Joint issues (knees, hips, shoulders, wrists)
- ☐ Back or neck pain
- ☐ Recent injury or surgery



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- ☐ Asthma or breathing difficulties
- ☐ Pregnancy
- ☐ Vertigo or dizziness
- ☐ Other (please specify):

Are you currently taking any medication? ☐ Yes ☐ No

If yes, please list: _____

Do you have any conditions that may affect participation? _____

POLE EXPERIENCE & GOALS

Have you taken pole classes before? ☐ Yes ☐ No

If yes, what level? ☐ Beginner ☐ Improver ☐ Intermediate ☐ Advanced

What are your goals? (tick all that apply)

- ☐ Strength
- ☐ Flexibility
- ☐ Confidence
- ☐ Tricks & combos
- ☐ Choreography
- ☐ Fitness
- ☐ Competition training
- ☐ Other: _____



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HOW DID YOU HEAR ABOUT US?

☐ Social Media ☐ Friend ☐ Google ☐ Event ☐ Returning Student ☐

Other: _____

STUDIO POLICIES ACKNOWLEDGEMENT

By signing below, you confirm that:

- You have read and understood the studio policies.
- You agree to follow all safety instructions.
- You will inform your instructor of any changes to your health.

SIGNATURE

Client Signature: _____

Date: _____ / _____ / _____

Instructor (optional): _____