FIT ALL YEAR ROUND

Clearance to Participate in Group Reformer Pilates Classes

Dear Health Care Professional,

_____ is a client of **Fit All Year Round** (FAYR). During group classes, clients participate in **Reformer Pilates-based group fitness classes as well as strength based fitness classes.** For prenatal and medical clients, classes are modified to **avoid or limit** the following movements and body positions:

- Flexion of the spine
- Rotation of the spine
- Abdominal curls and intense core strengthening
- Prone body position
- Supine positioning for longer than **10 minutes at a time** (supported with a pregnancy wedge)
- All-fours (quadruped) position for longer than **5-minute increments**

Given that the safety of its clients is paramount, Fit All Year Round requires written medical clearance from a physician or licensed healthcare provider in the event of an injury, medical condition of any kind, or pregnancy before a client may participate in group classes.

At Fit All Year Round, we strongly recommend private sessions for prenatal and postnatal clients to ensure daily assessment, individualized modifications, and appropriate levels of challenge. The Client has elected to continue participating in group classes instead.

Accordingly, we kindly ask that you review the information above and, where indicated below, confirm that in your professional opinion, the Client is able to safely participate in group Reformer Pilates and Strength classes with restrictions. ***If there are additional exercises, movements, or body positions you would like the Client to avoid that are not listed above, please note them below.***

Restrictions / Modifications

_____

_____

_____

_____

_____

_____

_____

BOSTON BODY PILATES

Medical Clearance

I confirm that, in my professional opinion, the Client named above is medically cleared to participate in group Reformer Pilates and Strength classes at Fit All Year Round, with the restrictions noted.

Healthcare Provider Name (printed)

Date

Signature

Phone Number

Practice Name

Email

Optional Notes (if needed)