



**DISCIPLINE PILATES STUDIO**  
584 Arlington Place  
Macon, GA 31201  
(478)718-1499  
[www.maconpilates.com](http://www.maconpilates.com)

## **MEDICAL CONSENT FORM**

I am aware that \_\_\_\_\_ wishes to participate in Discipline Pilates "Pilates for Moms" class. I know of no reason why she should not participate.

Doctor's Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

Doctor's Phone #:

\_\_\_\_\_

Please note any special restrictions here: \_\_\_\_\_

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