



# Information Form

Please complete the following information accurately. All information will be kept strictly confidential and will be used only to enhance the safety of the exercises you perform.

(Please Print Legibly)

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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What type of fitness activities do you perform regularly? List the number of days per week and duration of activity(ies):

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Please circle any of the following conditions that apply to you:

Heart Attack	Cancer	Seizure	Stroke	Diabetes
Lung problems	High Cholesterol	High Blood Pressure		Arthritis
Osteoporosis	Exercise Induced Asthma			Asthma

Are you currently taking any prescription(s) or over the counter? Please list them and why you are taking them.

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Do you Smoke? Yes No

If yes, how often and how many per day:\_\_\_\_\_

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Do you have any past Injuries?\_\_\_\_\_

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Are you currently experience any problems with any of the following? Please circle any that apply:

Muscle Cramping	Low Back Pain	Middle Back Pain	Upper Back Pain
Shoulders	Chest Pain	Shin Splints	Hands
Feet/Ankles	Hips	Calves	Knees
Migraines	Dizziness	Fainting	Loss of Coordination
Irregular Heart Beat		Fibromyalgia	

List any other problems you might have or experiencing:

List any recent surgeries:

Are there any additional issues or concerns you would like to disclose?

If you have circled or disclosed any conditions, please answer the following; have you consulted with your physician regarding exercise program or increasing your physical activity?    Yes                  No

If you answered no to not consulting your physician, will you consult your physician prior to increasing your physical activity? Yes   No   Initial\_\_\_\_\_

I realize that there are risks to all exercise, including injury and possible death, although every effort will be made to decrease any risk of injury. I will take full responsibility for my participation in training provided, I will inform if there are nay problems immediately and participate at my own pace.

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

Signature of Guardian:\_\_\_\_\_

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