



A.T.H.S. CLUB Referred by: -----

Date: _____ 2016

REGISTRATION FORM FITNESS CONNECTION-ADULTS 2016

(Please print. All information is confidential)

HR _____ MC _____

Name: _____

Age: _____ Date of Birth: Month _____ Day _____ Year _____

Mailing Address: PO Box _____ KY1 - _____

E-mail Address BLOCK CAPS _____

Home Number: _____ Work Number: _____ Cell Number: _____

Emergency Contact: Name: _____ Relationship _____ Cell _____

Email for Emergency Contact _____

Please read the following questions carefully and circle the appropriate response to each one.

- YES NO Has your doctor ever said that you or someone in your family have heart trouble?
- YES NO Do you frequently have pains in your heart and chest?
- YES NO Do you often feel faint or have spells of severe dizziness?
- YES NO Has the doctor ever told you that you have a bone or joint problem such as arthritis that have been aggravated by exercise, or might be made worse with exercise?
- YES NO Do you smoke regularly?
- YES NO Are you accustomed to physical exercise?
- YES NO Is there a physical reason not mentioned here why you should not follow an activity program?

Are you pregnant? YES _____ NO _____

If you answered **YES**, has your doctor given his consent for you to participate in a physical activity Program? YES > If YES, please provide a letter of consent from your doctor stating that he has consented to your participation in a physical activity program.
NO >

Please read the following questions carefully and circle the appropriate response to each one.

Has your doctor ever told you that you or a member of your family has any of the following:

Stroke: YES NO **Epilepsy:** YES NO **Diabetes:** YES NO

Do you have any of the following: **Back Pain:** YES NO **Joint, tendon or muscle pain:** YES NO **Lung Disease:** YES NO (e.g. asthma, emphysema)

Are you on regular medication? If YES give details: _____

Are there any other medical conditions or other things you feel we need to know about you? _____

If YES give details: _____

I acknowledge that the information on this form is true and correct to the best of my knowledge. I hereby release FITNESS CONNECTION LTD, and all it's employees, agents, assigns and other persons connected with the program, from any and all liability that may arise as a result of my participation in an activity. By this release, I acknowledge that if I have any known limiting health conditions or family history of such conditions, I should consult with a physician prior to participating in the activity.

Name (please print): _____ Signature: _____ Date (M/D/Y): _____