

Date _____

Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone: (H) _____ (W) _____ (C) _____

E-mail _____ D.O.B. _____

Emergency Contact: _____ Phone: _____

Doctor's Name: _____ Phone: _____

(1) Are you currently taking any medication? • Yes • No

Type _____ Reason _____

Type _____ Reason _____

Type _____ Reason _____

Type _____ Reason _____

(2) Do you have or have you ever had any of the following conditions?

CONDITION		DESCRIPTION
Heart Attack	• Yes • No	_____
Stroke	• Yes • No	_____
Chest pain	• Yes • No	_____
Hypertension	• Yes • No	_____
Diabetes	• Yes • No	_____
Cancer	• Yes • No	_____
High Cholesterol	• Yes • No	_____
Hernia	• Yes • No	_____
Arthritis	• Yes • No	_____
Thyroid	• Yes • No	_____
Anemia	• Yes • No	_____
Respiratory	• Yes • No	_____
Other	• Yes • No	_____

(3) Have you ever been injured in any of the following areas?

BODY PART		DESCRIPTION	WHEN?
Head / Neck	• Yes • No	_____	_____
Shoulders	• Yes • No	_____	_____
Chest	• Yes • No	_____	_____
Arms	• Yes • No	_____	_____
Abdomen	• Yes • No	_____	_____
Back	• Yes • No	_____	_____
Legs / Feet	• Yes • No	_____	_____
Knee	• Yes • No	_____	_____

(4) Are you currently under the care of a physician for any reason at all?

• Yes • No If Yes, explain _____

(5) Do you know of any physical condition that you have had or currently have that could be aggravated by exercising or exerting yourself?

If Yes, explain _____

(6) Are you taking any medication which could cause a reaction while exercising?

• Yes • No If Yes, explain _____

(7) Does your physician know that you are actively engaged in sports? • Yes • No

(8) Does your physician object to you beginning any new exercise program?

• Yes • No If Yes, explain _____

RELEASE

I know of no physical or medical condition which I, or my physician, feel could be aggravated by my training under the guidance of Tony Estes or any Fitness In Training staff. I agree to advise Tony Estes in writing if any of the above information changes or if my physician advises me to stop, reduce, or otherwise adjust my exercise regimen. I will advise Tony Estes and St Francis Sports Medicine staff immediately if I injure myself in any way while participating in the program. I assume all risks of injury and agree to hold harmless and waive any claim or rights that I might have to hold liable Tony Estes, Fitness In Training and St Francis Sports Medicine employees, owners, officers, or any agents. The information I have listed on this form is, to the best of my knowledge, complete and accurate. I understand that I am responsible for the full cost of each session unless I give Tony Estes at minimum twenty four hours notice of cancellation of any scheduled appointment.

Signature _____

Date _____