

**General Information:**

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First Name	Last Name	Date of Birth
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email address	Today's Date
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Home Address	City	State	Zip
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Cell Phone	Home Phone
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Preferred method of contact (please circle):	email	text	both
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Emergency Contact Name	Relationship
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Cell Phone	Home Phone
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Do you currently exercise regularly (please circle)?	YES	NO
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If YES please specify what kind of exercise:
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How did you hear about us?
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If referred by friend please write their name here:
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**Health Information:**

Do you have ANY current OR past injuries or medical conditions? YES / NO  
**\*\*\*Complete the information below by checking what applies to you. If you are pregnant or less than 8 weeks postpartum, please talk with your doctor about the fitness class you are enrolled in as well as complete the Pre/Post-Natal Fitness Class Health History Form and Waiver. Please provide a note from your doctor to your fitness instructor BEFORE beginning your exercise class if applicable.**

<b>Condition</b>	<b>Yes</b>	<b>No</b>
Cardiac/ Heart Problems		
High Blood Pressure		
Lung Problems (Asthma)		
Diabetes		
Neurological Problems (Seizures)		
Dizziness		
High Cholesterol		
Difficulty Exercising		
Muscle, Joint, or Back Problems		
Chronic Illness		
Advised by doctor not to exercise (now or in the past)		
Overweight, more than 20 lbs		
Surgery in the past 3 months		
Family history of Heart Problems		
Explain any "YES" conditions above:		