

Fitness by Design Registration Form

Please Print

Name:		Date:	
Address:		Age:	Birth date:
City:		Parent Phone (work):	
State:	Zip:	Parent Home:	
Parent Name in case of emergency:		Parent Cell:	
Email:			

How did you hear about Fitness by Design? _____

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

Please check the appropriate box corresponding to each question.

YES NO

<input type="checkbox"/>	<input type="checkbox"/>	1. Has your physician ever said you have heart trouble?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you often experience pain (tightness in your chest or heart) with or without exercise?
<input type="checkbox"/>	<input type="checkbox"/>	3. Do you often feel dizzy or have fainting spells?
<input type="checkbox"/>	<input type="checkbox"/>	4. Has your physician ever said they your blood pressure is too high?
<input type="checkbox"/>	<input type="checkbox"/>	5. Has your physician ever said that you have diabetes? If so, please list what type:
<input type="checkbox"/>	<input type="checkbox"/>	6. Has your physician ever said you have a bone or joint disorder, which may be aggravated by exercise?
<input type="checkbox"/>	<input type="checkbox"/>	7. Are you currently taking medication? If so, please list:
<input type="checkbox"/>	<input type="checkbox"/>	8. Have you undergone surgery (major or minor) within the past two years?
<input type="checkbox"/>	<input type="checkbox"/>	9. Is there any reason why you should not start a regular physical activity program?

Do you have any orthopedic (including back) injuries, which interfere with your daily activity or ability to exercise? Please explain.

ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY

It is acknowledged and agreed that certain risk of injury exists when participating in a body fitness training program utilizing weight training, nautilus equipment, aerobics and other exercise modalities. It is expressly agreed that all exercises and exercise modalities SHALL BE UNDERTAKEN BY ME AT MY SOLE RISK, and Fitness by Design shall not be liable to me for any claims, demands, injuries, damages, actions or causes of action whatsoever to my person or property arising out of or connected with the use by me of the services and facilities of Fitness by Design and its agents, employees, and servants, whether said services are provided on or off the business premises. I further herby expressly forever waive, release and discharge Fitness by Design from any and all claims, demands, injuries, damages, actions or causes of action and from all acts of active or passive negligence on the part of said corporation, its agents, employees, and servants.

I HAVE READ THE ABOVE PARAGRAPH AND UNDERSTAND AND AGREE WITH THE TERMS SET FORTH ABOVE.

Client (print)
Client Signature
Date

Parent/Guardian
Parent Signature
Date