Office Use Only
Trainer_____
Class Type_____

SPORTS PERFORMANCE

Client Information:

Last Name_____ First Name_____ Date_____

Address_____ Birth Date_____

City_____State_____Zip_____

HomePhone_____CellPhone_____WorkPhone_____

Age_____ Male ❑ Female ❑ T-Shirt Size (please circle one)

Email_____ S M L XL XXL

If Applicable: School_____ Sports Played_____

Emergency Contact Information:

Name _____ Relationship _____

Preferred Phone _____ Other Phone _____

Physical Activity Readiness Questionnaire **Yes** **No**

1. Has a doctor ever said you have a heart condition and recommended only medically supervised physical activity?..... ❑ ❑
2. Do you have chest pain brought on by physical activity?..... ❑ ❑
3. Do you tend to lose consciousness or fall over as a result of dizziness?..... ❑ ❑
4. Has a doctor ever recommended medication for your blood pressure or a heart condition?..... ❑ ❑
5. Do you have a bone or joint problem that could be aggravated by the proposed physical activity?..... ❑ ❑
6. Are you aware through your own experiences or a doctor's advice of any other physical reason against your exercising without medical supervision?..... ❑ ❑
7. Are you over the age of 65 and not accustomed to vigorous exercise?..... ❑ ❑

If you answered Yes to one or more of the questions above, please answer and initial the following questions.

8. Have you consulted your physician regarding increasing your physical activity and/or performing a fitness assessment?..... **Yes** ❑ **No** ❑ **Initials** ☐
9. If you answered NO to question 8, will you consult your physician prior to

increasing your physical activity and/or performing a fitness assessment?..... ❑ ❑

Medical History: Please check all conditions that apply (confidential – for internal use only)

	Medications Yes	No
1. ❑ Heart Disease or Stroke	❑	❑
2. ❑ High Blood Pressure	❑	❑
3. ❑ High Triglycerides	❑	❑
4. ❑ Cancer	❑	❑
5. ❑ Lung / Pulmonary Disease	❑	❑
6. ❑ Kidney Disease	❑	❑
7. ❑ Osteoporosis	❑	❑
8. ❑ Ulcer	❑	❑
9. ❑ Gastrointestinal Disease	❑	❑
10. ❑ Diarrhea	❑	❑
11. ❑ Depression	❑	❑
12. ❑ Diabetes Mellitus	❑	❑
13. ❑ Obesity	❑	❑
14. ❑ Arthritis	❑	❑
15. ❑ Anemia	❑	❑
16. ❑ Food Allergies	❑	❑
17. ❑ Neuromuscular Disease	❑	❑
18. ❑ Arteriosclerosis	❑	❑
19. ❑ Gallbladder Disease	❑	❑

	Medications Yes	No
20. ❑ Low back pain within last 6 months	❑	❑
21. ❑ Psychological Problems	❑	❑
22. ❑ Anorexia	❑	❑
23. ❑ Bulimia	❑	❑
24. ❑ Compulsive Overeating Disorder	❑	❑
25. ❑ Pregnant / Lactating / Trying to conceive	❑	❑
26. ❑ Currently being monitored or have been advised to be monitored by a physician	❑	❑
27. ❑ Recommended high level care	❑	❑
28. ❑ Special diet	❑	❑
29. ❑ Other medical condition(s) that may have any impact on your participation in the U-District personal training, sports performance, yoga, or pilates programs (If checked, please explain)	❑	❑

_____

_____

Please list any medications you are currently taking: _____

MEDICAL WAIVER:

I, the above enrolled, understand that neither Rock and Armor Physical Therapy and Sports Performance, nor anyone employed by the facility will assume responsibility for accidents and/or other expenses incurred as a result of participation in this program, and regardless of location of the training program (clinic setting, court setting, field setting, etc). I attest that the above is in good health and able to participate in a vigorous athletic program. In the event of injury or illness, the facility has my permission to provide emergency first aid care and seek the appropriate care necessary.

Client's Signature_____ Date _____

If client is under the age of 18, the signature of a parent or guardian is also required.

Parent's Signature _____ Date _____

CANCELLATION POLICY:

I agree to abide by a 24 hour cancellation notice for any scheduled session. I understand I may be charged up to the full amount of service for missed sessions or for any cancellations with less than a 24 hour notice. I understand that if I arrive late, the session will end at the original scheduled time to prevent penalizing another client.

Client's Signature_____ Date _____

If client is under the age of 18, the signature of a parent or guardian is also required.

Parent's Signature _____ Date _____