

# Health Is Not A Club

## REGISTRATION

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
ADDRESS/CITY/STATE/ZIP \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ CAN I TEXT YOU? \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_ CAN I EMAIL YOU? \_\_\_\_\_  
EMERGENCY NAME/PHONE \_\_\_\_\_ RELATIONSHIP? \_\_\_\_\_  
PHYSICIAN NAME/PHONE NUMBER \_\_\_\_\_

## DO YOU HAVE OR HAVE YOU HAD IN THE PAST:

- YES / NO History of heart problems, chest pain or stroke?  
YES / NO Increased blood pressure or blood cholesterol?  
YES / NO Any chronic illness or condition?  
YES / NO Difficulty with physical exercise?  
YES / NO Advice from physician not to exercise?  
YES / NO Recent surgery (last 12 months)?  
YES / NO Pregnancy (now or within last 3 months)?  
YES / NO History of breathing or lung problems?  
YES / NO Any disorder or previous injury still affecting you?  
YES / NO Diabetes or thyroid condition?  
YES / NO Cigarette smoking habit?  
YES / NO More than 20% over ideal body weight?  
YES / NO Increased blood cholesterol?  
YES / NO History of heart problems in immediate family?  
YES / NO Hernia or condition that may be aggravated by lifting weights?  
YES / NO Are you currently on any medications?

## MEDICAL HISTORY

**Please explain any "yes" answer on the back of this form.**

## WAIVER

Due to the physical demands of aerobic, strength and flexibility training, I understand that there is a risk of personal injury by participating and I accept complete responsibility for my health and well-being in this program. I will not hold State of the Heart Fitness LLC, dba Health Is Not A Club or its instructors liable in the event of personal injury.

**Before you begin any exercise program, you should consult with your physician.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date