

Fit Chick Express Registration

Welcome To Fit Chick Express!

I am delighted you chose this class as part of your commitment to health and fitness. I am ready to provide you with the necessary training and motivation to help you reach and maintain your personal fitness goals. The following information will provide you with important boot camp policies. Before getting started, please read and sign these forms so that I can be sure you have been provided with and understand this information. If you have any questions, please contact me at ang.schumacher@gmail.com or (303) 746-1432.

Tardiness: All members are encouraged to be prompt. Late arrival to class can be not only disruptive to other members but is also unsafe for you. I take careful steps to ensure the class is warmed-up safely. Skipping proper warm-up can result in injury.

Payment: Payment must be made in full prior to the start of class each month. Once you register and pay for the class it is non-refundable. No make-ups will be allowed unless instructor has cancelled the class herself.

Privacy: Any information obtained by this class regarding your fitness level and your progress will be treated as privileged and confidential and will not be released or revealed to any person other than your physician without your written consent.

Registration is not finalized until all forms are filled out completely and payment has been made.

I have read and understand the above information.

Signature of Participant

Date

****How Did You Hear About Us?** _____

****I agree to have any pictures of myself taken during Fit Chick Express Classes used in marketing and on the website and blog.**

Name: _____ **Date:** _____

Personal Information

Name _____ Nickname _____

Mailing Address _____ City, State _____ Zip _____

Telephone (day) _____ (Evening) _____

Emergency Contact Name _____ Telephone _____

E-Mail _____ Gender _____ Birth Date _____

Cardiovascular Risks

Please check any that apply and age of onset:

	You	Mother	Father	Brother or Sister
High Blood Pressure				
High Cholesterol				
Diabetes				
Heart Disease				
Bypass Surgery				
Stroke				

Do you presently smoke cigarettes? Yes/No If so, how many per day? _____

Have you ever quit smoking? Yes/No If so, how long ago did you quit? ____

Height _____ Current Weight _____ What was your weight at 21? _____

Personal Health History

Do you have any allergies? If so, please list _____

Do you ever experience chest pains or tightness? Yes/No

Do you ever experience unusual shortness of breath during mild or vigorous physical activity? Yes/No

Do you ever experience dizziness during mild or vigorous physical activity? Yes/No

Have you ever passed out during vigorous physical activity? Yes/No

Are you presently taking any medications? Yes/No If so, please list type and purpose:

Do you have any (other) medical conditions which limit your ability to exercise? If so, please explain _____

If you are female, are you currently pregnant or have recently given birth? Yes/No

If so, due date or date of child's birth _____

Injuries

Please check any of the following injuries you have had and specify which bone, muscle, joint, etc., and the year the injury occurred:

_____ broken bones _____

_____ muscle strain/sprain _____

_____ ligament, tendon, or cartilage injury _____

_____ joint injury or chronic pain _____

_____ back injury or chronic pain _____

_____ nerve entrapment (e.g. carpal tunnel syndrome) _____

_____ other _____

Are you currently being treated for any of the above injuries? Yes/No If so, please specify the type of treatment _____

Lifestyle

If you are currently employed, do you consider your job to be _____ sedentary or active_____.

Are you

_____generally sedentary

_____a weekend or vacation exerciser

_____physically active once or twice a week

_____physically active more often

Do you currently have a regular exercise program? Yes/No If yes, please describe_____

How much time do you want to spend working out?_____

Are there any specific exercises that might cause you pain or discomfort? _____

What goals do you have concerning your training and health?_____
