



CLASS LOCATION: _____ **START DATE:** _____

NAME (Last, First, Middle Initial): _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE (H): _____ (W): _____

EMAIL ADDRESS: _____

OCCUPATION AND EMPLOYER: _____

DOB: ___/___/___ AGE: _____ HEIGHT: _____ WEIGHT: _____ GENDER: _____

PHYSICIAN: _____ PHONE: _____

PERSON TO NOTIFY IN CASE OF EMERGENCY: _____

RELATIONSHIP: _____ PHONE: _____

Disclosure & Release

I, _____ agree to participate in a physical fitness program with a trainer or trainers of LASKO FITNESS Boot camp.

I recognize that exercise is not without varying degrees of risk to the musculoskeletal and/or cardio-respiratory systems. I hereby certify that I know of no medical problems (except those of which I have informed the trainers) that would increase my risk of illness and injury as a result of participation in a physical fitness program with Lasko Fitness _____ **(INITIALS)**

I understand and have been informed that there exists the possibility of adverse changes during the exercise program. I have been informed that these changes could include abnormal blood pressure, fainting, disorders of heart rhythm, stroke, and very rare instances of heart attack or even death. _____ **(INITIALS)**

Participant' Signature

Date



LASKO FITNESS: HIGH PERFORMANCE TRAINING

NAME (Last, First, Middle Initial): _____

Health History Questionnaire

- 1. Please indicate if you have had or currently have any of the following medical conditions:
 _____ Heart Disease _____ Chest Pain _____ Anemia
 _____ Back Trouble _____ Diabetes _____ Asthma
 _____ Joint Pain _____ Hernia _____ Fainting Spells
 _____ Epilepsy _____ Bleeding _____ High Blood Pressure

IF YES TO ANY OF THESE, PLEASE EXPLAIN:

- 2. Please describe any history of hospitalizations, operations and/or serious injuries:

- 3. Are you currently taking any medications (including non-prescriptions)? Please provide specifics (i.e., what type, quantity, etc.)

- 4. Please Circle Yes or No to the following:

Do you have or have you had any pain or tightness in the front or back of your chest? Yes No

If yes, is it during exertion and/or with anxiety? Yes No

Have you ever been told you have an abnormal EKG? Yes No

Do you ever have swelling of the feet and/or ankles following long periods of standing or intense physical activity? Yes No

Does your heart ever beat irregularly? Yes No

Has a physician ever said you have a heart murmur? Yes No

Do you get cramps in the back of your legs when you walk? Yes No

Have you noticed any circulatory problems in your feet or hands? Yes No

Do you have chronic lower back pain? Yes No

Do you have pain in your legs and/or feet? Yes No

Do you have joint pain, stiffness, swelling, or instability? Yes No

Do you have trouble walking/jogging or in using your hips, shoulders or knees? Yes No

Participant's Signature

Date