



Fit Chicks Boot Camp Registration

NAME: _____ DATE: _____

DOB: _____

PHYSICIANS NAME: _____ PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

Section 1: General and Medical Information	
YES NO	1. Do you participate in any recreational activities (golf, tennis, skiing, etc.)? Describe.
YES NO	2. Do you have any hobbies (reading, gardening, etc.)? Describe.
YES NO	3. What are your primary health and fitness goals? Please be specific.
YES NO	4. Have you ever had any injuries (ankle, knee, hip, back, shoulder, etc.)? Describe.
YES NO	5. Have you ever had any surgeries? Describe.
YES NO	6. Has a medical doctor ever diagnosed you with a chronic disease, such as hypertension, high cholesterol, diabetes, etc.? Describe.



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Section 2: Physical Activity Readiness Questionnaire (PAR-Q)	
YES NO	1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor? Describe.
YES NO	2. Do you feel pain in your chest when you do physical activity? Describe.
YES NO	3. In the past month, have you had chest pain when you were not doing physical activity? Describe.
YES NO	4. Do you lose your balance because of dizziness or do you ever lose consciousness? Describe.
YES NO	5. Do you have a bone or joint problem (for example, back, knee, hip, or shoulder) that could be made worse by a change in your physical activity? Describe.
YES NO	6. Is your doctor currently prescribing medication for your blood pressure or heart condition? Describe.
YES NO	7. Do you have a diabetes or thyroid condition? Describe.
YES NO	8. Do you know of <u>any other reason</u> why you should not engage in physical activity? Describe.
YES NO	9. Are you currently taking any medications? Please list.



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YES to one or more questions

If you have answered “Yes” to one or more of the above questions, please consult your physician before engaging in physical activity. Tell your physician which questions you answered “Yes” to. After a medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition.



NO to all questions

If you answered NO to all questions above, it gives a general indication that you may participate in physical and aerobic fitness activities. When beginning any new exercise program, it is advised to:

- ◆ Begin slowly and build up gradually.
- ◆ Go at your own pace at boot camp and rest individually, when needed.

The fact that you answered NO to the above questions, is not an absolute guarantee that you will have a normal response to exercise. If you have any health concerns at all, please consult your physician prior to starting this exercise program.

SIGNATURE: _____ **DATE:** _____