

TRAINING/KETTLEBELL REGISTRATION

Last Name: _____ First Name: _____

Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____

Occupation: _____ Work Phone: _____

Sex: M F Birthdate: _____ Age: _____ Marital Status: M S W D

Social Security #: _____

E-Mail: _____

Emergency Contact & Telephone: _____

How did you hear about Capital Sports Injury Center?

<input type="checkbox"/> Personal Referral – Name:	<input type="checkbox"/> Graston Techniques Website	<input type="checkbox"/> Running Club
<input type="checkbox"/> Doctor Referral – Name:	<input type="checkbox"/> Web Search	<input type="checkbox"/> Cycling Club
<input type="checkbox"/> Active Release Techniques Website	<input type="checkbox"/> Our Sign	<input type="checkbox"/> Other: _____

PERSONAL

What are your most important goals (weight loss, body image, sports performance, injury prevention, etc.)?

How many times per week are you willing to train with our fitness professional? _____

How many times per week are you willing to work out on your own? _____

Does your occupation require extended periods of sitting? Yes No

Does your occupation require extended periods of repetitive movements? Yes No

Does your occupation cause you anxiety (mental stress)? Yes No

Physical Activity Readiness Questionnaire (PAR-Q)

Regular physical activity is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: circle YES or NO.

Yes	No	1. Has your doctor ever said that you have a heart condition AND has indicated that you should restrict your physical activity?
Yes	No	2. Do you feel pain in your chest and/or a sudden racing of your heart when you do physical activity?
Yes	No	3. In the past month, have you had chest pain when you were not doing physical activity?
Yes	No	4. Do you ever feel faint, get dizzy, lose your balance or lose consciousness for any reason?
Yes	No	5. Do you have a bone or joint problem (for example – shoulder, elbow, wrist, hand, back, hip, knee, ankle, foot) that could be made worse by a change in your physical activity?
Yes	No	6. Do you have a heart and/or blood pressure condition for which your doctor is currently prescribing drugs?
Yes	No	7. Are you pregnant?
Yes	No	8. Do you have diabetes?
Yes	No	9. Do you have asthma or other lung disease?
Yes	No	10. Have you every had surgery?
Yes	No	11. Are you over 45 (men) or 55 (women) years of age?
Yes	No	12. Do you know of any other reason why you should not perform physical activity?

If you answered YES to one or more questions:

Talk with your doctor by phone or in person BEFORE you start a fitness program. Tell your doctor about the PAR-Q and which questions you answered YES. You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- Start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness appraisal – this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated regularly. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

Please delay activity if you are not feeling well or are or maybe pregnant.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan. This physical activity clearance is valid for a maximum of 12 months from the date it is completed.

"I have read, understood, and completed this questionnaire. I answered the questions to my full satisfaction."

NAME: _____ SIGNATURE: _____



WAIVER & RELEASE FORM

Because physical exercise can be strenuous and subject to risk of serious injury, we urge you to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise activity. You agree that by participating in physical exercise or training activities, you do so **entirely at your own risk**. Any recommendation for changes in diet including the use of food supplements, weight reduction and/or body building enhancement products are entirely your responsibility and you should consult a physician prior to undergoing any dietary or food supplement changes. You agree that you are voluntarily participating in these activities and use of these facilities and premises **and assume all risks** of injury, illness, or death. We are also not responsible for any loss of your personal property.

You acknowledge that you have carefully read this “waiver and release” and fully understand that it is a **release of liability**. You expressly agree to release and discharge the trainer or instructor from any and all claims or causes of action and you agree to voluntarily give up or waive any right that you may otherwise have to bring a legal action against the trainer or instructor for personal injury or property damage.

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence.

If any portion of this release from liability shall be deemed by a Court of competent jurisdiction to be invalid, then the remainder of this release from liability shall remain in full force and effect and the offending provision or provisions severed here from.

By signing this release, I acknowledge that I understand its content and that this release cannot be modified orally.

Printed Name: _____

Signed: _____
(parent or guardian if under 18)

Dated: ____ / ____ / ____