



Athlete Participation and Health History Form

Name: _____

Date: _____

Address: _____

Phone: _____

Emergency Contact: _____

Phone: () _____

Doctor's Name: _____

Phone: () _____

1) Are you currently taking any medication? Yes No

Type: _____ Reason: _____

Type: _____ Reason: _____

Type: _____ Reason: _____

2) Do you have or have you ever had any of the following conditions?

CONDITION			DESCRIPTION
Heart Attack	Yes	No	_____
Stroke	Yes	No	_____
Chest Pain	Yes	No	_____
Hypertension	Yes	No	_____
Diabetes	Yes	No	_____
Cancer	Yes	No	_____
High Cholesterol	Yes	No	_____
Hernia	Yes	No	_____
Arthritis	Yes	No	_____
Thyroid	Yes	No	_____
Anemia	Yes	No	_____
Other	Yes	No	_____

3) Have you ever been injured in any of the following areas?

BODY PART			DESCRIPTION
Neck	•Yes	No	_____
Shoulders	Yes	No	_____
Arms	Yes	No	_____
Abdomen	Yes	No	_____
Back	Yes	No	_____
Legs	Yes	No	_____



- 4) Are you currently under the care of a physician for any reason at all?
 Yes No
If Yes, explain: _____
- 5) Do you smoke cigarettes?
 Yes No
No If yes, how much? _____
- 6) Do you know of any physical condition that you have that could be aggravated by exercising or exerting yourself?
 Yes No
If Yes, explain: _____
- 7) Are you taking any medication which could cause a reaction while exercising?
 Yes No
If Yes, explain: _____
- 8) Does your doctor know that you are beginning a new exercise program?
 Yes No
- 9) If your doctor knows that you are going to begin a new exercise program, does he/she object?
 Yes No
If Yes, why? _____

RELEASE

I know of no physical or medical condition which I, or my Doctor, feel could be aggravated by my using the equipment and facilities or participating in activities sponsored by this facility. I agree to advise facility management in writing if any of the above information changes or if my Doctor advises me to stop, reduce, or otherwise adjust my exercise regimen at the facility. I will advise facility management immediately if I injure myself in anyway while on facility property. The information I have given on this form is, to the best of my knowledge, complete and accurate.

Signature: _____

Date: _____

(Participant, Parent, and/or Guardian)

Printed Name: _____