



REGISTRATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cellphone: _____

Email Address: _____

Date of Birth: _____ Height: _____ Weight: _____

Weight (1 Year ago): _____

Class Times – You Can Attend as Many Classes as You Like

You are never locked into any class times, just let me know which times you prefer (“X” next to class times you would probably take):

Monday: ___ 5:30A – 6:15A ___ 6:30A – 7:15A ___ 7:30A – 8:15A ___ 6P- 6:45P

Tuesday: (Strength and Conditioning Class – included for you)

___ 5:30A – 6:15A ___ 6:30A – 7:15A ___ 6P – 6:45P

Wednesday: ___ 5:30A – 6:15A ___ 6:30A – 7:15A ___ 7:30A – 8:15A ___ 6P- 6:45P

Thursday: Tuesday: (Strength and Conditioning Class – included for you)

___ 5:30A – 6:15A ___ 6:30A – 7:15A ___ 6P – 6:45P

Friday: ___ 5:30A – 6:15A ___ 6:30A – 7:15A 7:30A – 8:15A

Saturday: ___ 9A – 9:45A

Health Inventory Information

1. Have you exercised within the past six (6) months?
2. If “Yes” please indicate what type and duration below:
3. Are you currently dieting?
4. If “Yes” please indicate what type of diet and calorie intake below:
5. How would you describe your eating habits?
6. Do you smoke? No ___ Yes ___ (How many cigarettes a day): _____
7. Do you drink? No ___ Yes ___ (How many alcoholic beverages a week): _____

Indicate with an “X” any disease or illness you have had or currently have:

___ Heart Attack ___ Cardiac Catheterization ___ Stroke
___ High Blood Pressure ___ Low Blood Pressure ___ MS
___ Abnormal Stress Test ___ Heart Trouble ___ Diabetes
___ Coronary Bypass ___ Angioplasty ___ Asthma
___ Knee Problems/Surgery ___ Chest Pain/ Angina
___ Convulsions/Seizures ___ High Cholesterol
___ Difficulty Breathing ___ Limitations of Movement
___ Loss of Consciousness ___ Back Problems/ Surgery
___ Shoulder Problems/Surgery ___ Irregular Heartbeat or Rhythm
diagnosed by a Physician

If you answered “Yes” to any of the health indicators above, please explain further in detail:

8. Are you currently taking any medication?

_____No _____Yes (Please specify medication type and dosage:

9. Have you ever had a stress test? If “Yes” please explain in more detail below:

10. When was your last physical exam?

11. Cholesterol Profile: HDL _____ LDL _____ Total: _____

12. Is there anything else in your health history that we should know about? (If “Yes” please explain further in detail below)

Emergency Care Statement

I give consent to the trainers to provide emergency care to me in the form of CPR and/or First Aid in cases where deemed necessary. Any other treatment or care that is needed will be provided at my own expense.

Signature: _____ Date: _____

Emergency Contact

In case of emergency and I am unable to contact anyone, Hawk Fitness, LLC has my permission to contact the following person on my behalf:

Emergency Contact Person: _____ Phone: _____

Informed Consent Waiver Statement

This waiver and release is entered into between the undersigned and Hawk Fitness, LLC, its affiliates, instructors and executors.

I have answered all questions on this form honestly and to the best of my ability.

Boot Camp Classes, physical training, personal training sessions, and any other related physical activity is a test of one's physical and mental limits and carries with it the potential for muscle soreness, injury, and even death. The undersigned accepts and assumes the risk for participating in these types of events and activities. I will not hold Hawk Fitness, LLC liable for any injury or death I may incur during training.

Signature: _____ Date: _____

