Elite Athlete Training Services, LLC.

Physical Activity Readiness Questionnaire

Contact Information:				
First Name	Middle Initial	Last Name		
Street Address				
City	State	Zip Code	Birth Date (MM/DD/YYY)	Gender
			/ /	
Home Phone	Work Phone	Mobile Phone		
( ) —	( ) —	( ) —		
E-mail				
Emergency Contact Name / Relationship		Phone		
		( ) —		
Trainer Name		Referred by:		

Past Health History	YES	NO
Has your doctor ever informed you that you have heart trouble?	☐	☐
To the best of your knowledge, do you currently have high blood pressure?	☐	☐
Have you undergone surgery (minor or major) within the past two years?	☐	☐
Do you currently have a bone or joint problem that may become aggravated with strenuous exercise?	☐	☐
Do you have diabetes? If so, what type:	☐	☐
Do you have any concerns about participating in a strenuous fitness program such as dizziness, fainting, chest pains, pregnancy, low back pain, smoking, current medications, etc.? If so, please explain:	☐	☐
Are you currently taking medication? If so, please list:	☐	☐
Is there anything, not mentioned above, that we should be aware of in order for us to appropriately design a safe and productive fitness program for you? If yes, please explain:	☐	☐

*As a client of **Elite Athlete Training Services, LLC. (E.A.T.S.)**, I intend to engage in strenuous physical activities. I acknowledge that these activities involve certain risks and I understand that being a part of an E.A.T.S. program that I voluntarily assume these risks. I mean to include in the assumption of risk, the risk of injury, no matter how serious.*

In consideration of being accepted as a client of E.A.T.S., I hereby release and forever discharge E.A.T.S., its management, partners, agents, contractors, and employees (whether acting within the scope of their employment or not) from any claims, demands, or causes of action relating to or arising from my presence or participation in an E.A.T.S. program, which may result in injury to me or even death. I intend this release to bind my heirs, executors, assigns, administrators, personal representatives, and myself.

_____ _____ _____

Client Name *Signature* *Date*

_____ _____ _____

Parent or Guardian *Signature* *Date*