

Rhonda Polansky's Fit Camp Physical Activity Readiness Questionnaire

DATE: _____

NAME: _____ AGE: _____ DOB: _____ MALE/FEMALE

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____@_____.COM

BEST NUMBER TO REACH YOU: _____

EMERGENCY CONTACT: _____ Relationship: _____

EMERGENCY PHONE NUMBER: _____

PHYSICIAN'S NAME: _____

Medical Conditions: Please answer the following questions as honestly as possible and check all applicable.

CONDITION	SELF YES/NO	FAMILY YES/NO	IF YES, DESCRIBE
1. Diabetes	___/___	___/___	_____
2. High Blood Pressure	___/___	___/___	_____
3. High Cholesterol	___/___	___/___	_____
4. Smoke/Tobacco use	___/___	___/___	_____
5. Chest Pain	___/___	___/___	_____
6. Asthma/Lung Problems	___/___	___/___	_____
7. Arthritis	___/___	___/___	_____
8. Stroke	___/___	___/___	_____
9. Heart Attack/CAD	___/___	___/___	_____
10. Pregnant	___/___	___/___	_____
11. < 3 months Post Partum	___/___	___/___	_____
12. Surgery last 12 months	___/___	___/___	Type/Date: _____

List any medications you take on a daily basis. Include OTC and prescription.

Do you have any of the following conditions which may impact your exercise program?

____ ankle/foot injury ____ wrist/hand injury ____ knee injury
____ back pain/injury ____ head/neck injury ____ arm/elbow injury
____ hip/pelvic injury ____ shoulder injury ____ nerve problems

Has a physician ever advised you against physical activity/exercise? YES NO

LIABILITY RELEASE: PLEASE SIGN AND DATE BELOW

I desire to engage voluntarily in the Rhonda Polansky Fit Camp exercise program in order to attempt to improve my physical fitness. I understand that I am responsible for monitoring my own condition throughout the exercise program and should any unusual symptoms occur, I will cease my participation and inform the instructor of the symptoms.

Also, in consideration for being allowed to participate in this exercise program, I agree to assume the risk of such exercise, and further agree to hold harmless Rhonda Polansky, her family, and all staff members conducting the exercise program from any and all claims, suits, losses, or related causes of action for damages, including but not limited to such claims that may result from my injury or death, accidental or otherwise, during or arising in any way from the exercise program. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and Fit Camp exercise programs or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in activity and/or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

In signing this consent form, I affirm that I have read this form in its entirety and that I understand the nature of the exercise program. I attest that my questions regarding the exercise program have been answered honestly. I understand this form is valid for a maximum of 24 months from the date it is completed and becomes invalid if my condition changes so that I would answer yes to any of the questions.

Printed Name: _____ Date: _____

Signature: _____

Parent/guardian (if under the age of 18) _____