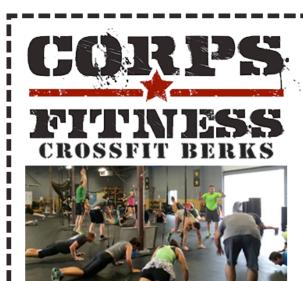


Name					
	(Last)	(First)		(MI)	
Home Address					
	(Street)	(City)		(State)	(Zip)
Email:	@		Phone		
			(Home)		(Cell)
DOB/	1	Weight:		Sex: M	F
Emergency Co	ntact Phone:		_		
SECTION I: R	RISK ASSESSMENT				
Are you active Activity or Exer	cise / Times per week / Minutes	per session:	YES NO		
Date of last full Have you ever	had any form of heart disease?		YES NO		
Have you ever	experienced shortness of breath	or chest pain?	YES NO		
High Blood Pre High Cholester Cigarette Smok Diabetes Family history of Abnormal restir Are you current Knees Low Back Neck/Shoulders Hips/Pelvis Flexibility Any other SECTION I: I grant Corps Fi to copyright, us photographs of	ol Level king of heart disease ng EKG tly taking any medication?	YES NO Levels YES NO Levels YES NO How n YES NO Insulin YES NO Explai	anny per day? In the pas dependent? age? n: n: n: n: n: n: (INITIAL HERE) Deprise Corps Fitness, its a	assigns and eness may u	transferees se such rposes as
and/or cardio respir result of participation of adverse changes disorder of heart rh Corps Fitness and kind resulting from well as waives any	, (FULL NAME) agree to te with Corps Fitness group fitness. I recoratory systems. I hereby certify that I known in a fitness program designed by Corps during the exercise program. I have beeythm, stroke, and very rare instances of its agents, officers, principals, contractor participation in Corps Fitness classes or and all claims and understands and assire (sign, print name, date)	ognize that exercise in working that of no medical probles Fitness. I understate in informed that these that attack or even or and employees of individual training se	lems that would increase my rind and have been informed that e changes could include abnor death. I agree to waive, release any and all claims, demands, assions. The undersigned hereb	of risk to musc sk of illness are at there exists mal blood pre- e, remise and of actions or dama by releases Co	uloskeletal nd injury as a the possibility ssure, fainting, discharge ages of any
Parent or Guardian (if Participant is und					



FREE CLASS

CHECK WEBSITE FOR SCHEDULE AND TIMES

WWW.CORPSFITNESS.NET

REFERRED BY:

220 PARK ROAD NORTH BUILDING 7 - WYOMISSING, PA 19610

1-877-498-8620

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additional information sheet

First Nam	ne	Last Name
	I am	law enforcement / fire / first responder (circle one)
Departmer	nt	
e-mail		
Today's Da	ite	