



Emergency Contacts Form & Member Profile

First Name: _____ Last Name: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Relationship to Member: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Relationship to Member: _____

Please list any current illness, injuries, recent surgeries, or past medical problems or surgery of note.

On Average, how much exercise did you do last year?

Have you ever done any strength resistance training? Yes No

Do you think it helped your performance? Yes No

Do you feel you have ever "overtrained"? If yes, please describe the type and amounts of training you were doing at this time

What do you feel are your strengths and weaknesses in fitness?

Current Fitness Level Information:

Circle what you feel is your current fitness level compared to your highest fitness level within the last 5 years: (1 Low 5 High)

1 2 3 4 5

Are you currently recovering from any injury or illness? If yes, explain:

What do you see as your biggest limiters?

Do you own a heart rate or fitness monitor? Yes No

If so, what brand and model?

What is your resting heart rate: _____

What is the highest heart rate you have achieved while exercising: _____