



FITNESS HISTORY

You are about to begin an **intense fitness program**. By completing this registration form, you understand that it is your responsibility to consult your physician if you are unsure of your current ability to participate.

Every individual is different and will experience different results when participating in WoW! Boot Camp. If you want to lose weight and are under 18, pregnant, nursing, following a diet recommended by a doctor, have health problems or want to lose more than 30 pounds, see a doctor prior to starting WoW! Boot Camp.

Name:

Current Activity level: Active 5-7 days a week Active 3-4 days a week
(Circle One) Moderate 1-2 days a week Not currently exercising

Emergency Contact Name:

Emergency Contact Phone:

Do you have any medical issues
I should know about? Please list:

Current or previous injuries? Please list:

Date of Birth:

Fitness History Continued

Are you allergic to any medication (aspirin, penicillin, sulfa, etc.)?

Do you take any prescribed medication on a permanent or semi-permanent basis?

Do you have a seizure disorder (epilepsy)?

Do you have diabetes adult or juvenile?

Have you ever been found to be anemic (low blood count)?

Do you have high blood pressure (hypertension)?

Do you have or have you ever had the following diseases?

Heart disease:

Lung disease:

Kidney disease:

Liver disease:

Who is your physician?
