

POWER SPORTS ACADEMY
REGISTRATION
HEALTH QUESTIONNAIRE
RELEASE OF LIABILITY

Name (Please Print)

Birth date

Address Zip

Phone Number

Alt. Phone

Sport

Position / Event

Email

How did you hear about us? _____

In case of emergency, whom may we contact? Name: _____

Relationship? _____

Phone: _____

Alt Phone: _____

1. ___ Yes ___ No

Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?

2. ___ Yes ___ No

Do you feel pain in your chest when you do physical activity?

3. ___ Yes ___ No

In the past month, have you had chest pain when you were not doing physical activity?

4. ___ Yes ___ No

Do you lose your balance because of dizziness or do you ever lose consciousness?

5. ___ Yes ___ No

Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?

6. ___ Yes ___ No

Is your doctor currently prescribing drugs?

7. ___ Yes ___ No

Do you know of any other reason why you should not do physical activity?

Present/Past History

Have you had or do you presently have any of the following conditions (check if yes):

___ Rheumatic fever

___ Edema

___ High blood pressure

___ Low blood pressure

___ Injury to back or knees

___ Seizures

___ Lung disease

___ Heart attack

___ High cholesterol

___ Fainting or dizziness

___ Chest pains

___ Heart murmur

___ Palpitations or tachycardia

___ Shortness of breath

___ Diabetes

___ Chest Pains

___ Recent operation

___ Other

Family History

Have any of your first-degree relatives (parent, sibling, or child) experienced the following conditions?

___ Heart condition

___ High blood pressure

___ High cholesterol

___ Diabetes

___ Other major illness

Activity History

1. Date of your last physical examination performed by a physician? _____

2. Do you participate in a regular exercise program at this time? ___ Yes ___ No

If yes, describe: _____

3. Have you ever performed resistance training exercises in the past? ___ Yes ___ No

4. Do you have injuries (bone or muscle disabilities) that may interfere with exercising?
___ Yes ___ No If yes, briefly describe:

5. Please list any medications you are taking (including self-prescribed):

6. What is your body weight now? _____

7. Do you follow or have you recently followed any specific dietary intake plan and in general how do you feel about your nutritional habits?

8. Are there any injuries or limitations that have not been discussed up to this point?

Waiver: I do hereby state that the above information is true and complete to the best of my knowledge and that I will not hold Power Sports Academy, LLC or any instructor thereof liable for any mishaps or injuries (physical or otherwise) arising from my training. I acknowledge that my choice to participate in training sessions is my complete personal responsibility, and such participation is at my own risk. On behalf of myself and all others in legal relationship with me, I hereby release Power Sports Academy, LLC, from any and all liability for any injury, either emotional or physical, which may occur to me while I am a client at the Power Sports Academy, LLC or as a result of using any information or instructions I receive from them or any Power Sports Academy, LLC affiliates. I declare that I have read, understood and agreed to the contents of this waiver in it's entirety.

Print Name

Signature Date

Print Name of Parent / Guardian Signature of Parent / Guardian Date