**OUTDOOR FITNESS BAHAMAS REGISTRATION FORM ( 1/01//17)**

**(Note: This is a 2-page form. Please answer the questions on both pages and sign on the second page)**

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CELL PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WORK PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OCCUPATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLACE OF EMPLOYMENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AGE\_\_\_\_\_\_\_

HEIGHT\_\_\_\_\_\_\_\_

WEIGHT\_\_\_\_\_\_\_\_\_

PERSON TO CONTACT IN CASE OF EMERGENCY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CONTACT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HEALTH HISTORY:

* Have you ever had an exercise stress test? Yes\_\_\_ No\_\_\_
* If “Yes”, were the results: Normal\_\_\_\_ Abnormal\_\_\_\_
* Do you take any medications on a regular basis, and if ‘Yes”, reasons for taking:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Do you have High Blood Pressure? Yes\_\_\_\_ No\_\_\_\_
* High cholesterol? Yes\_\_\_\_ No\_\_\_\_
* Diabetes? Yes\_\_\_\_ No\_\_\_\_
* Have you ever had a stroke? Yes\_\_\_\_ No\_\_\_\_
* Have you ever had a heart attack? Yes\_\_\_\_ No\_\_\_\_
* Has your doctor ever said that you have a heart condition and that you should only do physical activities recommended by a doctor? \_\_\_\_\_\_\_
* Do you feel pain in your chest when you engage in physical activities?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* In the past month, have you had chest pain when you were not doing any physical activity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Do you lose your balance because of dizziness or do you ever lose consciousness (faint etc.) ? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* 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?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Have you engaged in any physical activity lately? \_\_\_\_\_\_ . If “yes” what was the activity and how recent was it? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Do you know of any reason why you should not engage in physical activity?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What are your fitness goals?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To the best of my knowledge, the above information is true and correct.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I WANT TO REGISTER FOR:

\_\_ 4 weeks at the reg. fee of $65.00 (Includes VAT) Start Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_ 8 weeks at the discounted fee of $119.00 (Includes VAT). Start Date\_\_\_\_\_\_\_\_\_\_

\_\_12 weeks at the discounted fee of $162 (Includes VAT). Start Date \_\_\_\_\_\_\_\_\_\_\_\_

\_\_ 6 months at the discounted fee of $296 (Includes VAT) Start Date\_\_\_\_\_\_\_\_\_\_\_\_

\_\_ 12 months at the discounted fee of $511 (Includes VAT) Start Date\_\_\_\_\_\_\_\_\_\_\_\_

I agree that there will be no refunds….no exceptions, but I will be able to make up sessions once pre-approved by Outdoor Fitness Bahamas administrators.