



Aerobic Studio
Yvonne Tabor, Instructor

4011 Belgrave Circle
Frederick, MD 21704

Name _____
Last First MI

Home Address _____

City State Zip Code

Home Phone _____ **E-mail Address** _____

Birth Date ____/____/____ **Age** _____ **Sex** **Male** **Female**

Emergency Contact _____ **Relationship** _____

Home Phone _____ **Work Phone/Cell** _____

Health History

Do you have or have you had any of the following conditions:

Heart attack	Y N	Heart/artery disease	Y N
Chest pain	Y N	Heart palpitations/murmur	Y N
Arthritis/bursitis	Y N	High blood pressure	Y N
High cholesterol	Y N	Smoking	Y N
Diabetes	Y N	Lung disease/respiratory condition	Y N
Hypoglycemia	Y N	Major surgery	Y N
Major orthopedic surgery	Y N	Chronic back pain	Y N
Fainting or light-headedness	Y N	Unusual fatigue/dizziness	Y N
Shortness of breath on mild exertion	Y N	Asthma	Y N
Family history of heart disease prior to age 55	Y N	Allergies	Y N
Women: Are you pregnant?	Y N	Men: Are you 40 years of age or older?	Y N
Women: Are you 50 years of age or older?	Y N		

If you answered yes to any of the above, please explain:

Physician's Name _____ Physician's Phone _____

Date of last physical ____/____/____

List any drugs/medications you are currently taking:

Are you aware of any allergies to any medication? Yes No

If yes, please list: _____

Lifestyle Profile

Blood Pressure

Do you know your current resting blood pressure? Yes No If yes, ____/____

Smoking

Do you currently smoke? Yes No

If yes, How many cigarettes per day? _____ How many years have you smoked? _____

If no, have you ever smoked? Yes No

Weight

What is your present Height _____ Weight _____

Are you following any diet? Yes No If yes, for how long? _____

Name of the diet: _____ Calories/day: _____

Cholesterol

Have you had your cholesterol checked within the past year? Yes No

Total cholesterol: _____ LDL _____ HDL _____

Caffeine/Alcohol Consumption

Approximate your daily intake of:

____ cups of coffee ____ cups of tea ____ caffeinated soda
____ beer ____ glasses of wine ____ ounces of liquor

Stress/Tension

How would you categorize your stress/tension level most of the time?

Low

Moderate

High

How do you manage your stress? _____

Physical Activity

Are you presently exercising a minimum of 2 times a week for at least 20 minutes?

Yes

No

If Yes, please list the activity and duration:

What activities are you interested in participating in?

Strength training

Step Aerobics

Kick boxing

Hi/Lo Floor Aerobics

Stretch

Stability Ball

Other _____

Goal and Objectives (Be specific):

I have completed this information to the best of my knowledge. I have not withheld any information that may affect a safe exercise program designed for me.

Signature: _____

Date: ___/___/___

Release of Liability

I, the undersigned, wish to participate in the aerobic activities of the *Tabor Fit & Fabulous Aerobic Studio*. I certify that I am physically able to participate in any activity I take part in and will use good judgement while exercising. I recognize that I am responsible for knowing my own state of health, and I will advise Yvonne Tabor of any health problems related to exercise. I also understand I may be denied participation in activities for health reasons.

I, the undersigned, so accept any and all responsibility and assume the risk of any and all injury and damage to my person that may arise, whether directly or indirectly as a result of participation in the aerobic classes at *Tabor Fit & Fabulous Aerobic Studio*. I hereby release and discharge *Tabor Fit & Fabulous Aerobic Studio* from all claims, damages, and liability whatsoever that may result from my injury or death, accidental or otherwise during, or arising from my activities at *Tabor Fit & Fabulous Aerobic Studio*. I also agree that in the event of an injury while using the aerobic studio, *Tabor Fit & Fabulous* will not provide any compensation.

I agree to abide by the rules and regulations of the *Tabor Fit & Fabulous Aerobic Studio* with the understanding that violations of such rules may result in withdrawal from all classes or programs offered.

I, _____, certify that I have read and understand the contents of this waiver.

Signature _____

Date ____/____/____