



Ever FIT, LLC
REGISTRATION & WAIVER

Name (Last) _____ (First) _____ (MI) _____

Home Address
(Street) _____ (City) _____ (State) _____

(Zip) _____ Phone
(Home) _____ (Work) _____ Ext. _____
(Mobile) _____ DOB ____/____/____ Weight _____
Sex: __M__F__

Private
Physician _____ Phone _____

Emergency
Contact _____ Phone _____

E-Mail _____ I was referred by _____

I am enrolling in (circle one) Bootcamp Intensive Ongoing Classes
 Private Training

SECTION I: RISK ASSESSMENT

Have you ever had any form of heart disease? YES NO			
Have you ever experienced shortness of breath or chest pain? YES NO			
Date of last full physical ____/____/____			
Do you have or do any of the following pertain to you? following areas? Please explain to the best of your ability.		Do you have any problems in the Please explain to the best of your ability.	
High Blood Pressure YES NO	Levels: _____	Knees YES NO	
Explain: _____			
High Cholesterol Level YES NO	Levels: _____	Low Back YES NO	
Explain: _____			
Cigarette Smoking YES NO	How many per day? ____	Neck/Shoulders YES NO	
Explain: _____			
Smoked in Past YES NO	How long? _____	Hips/Pelvis YES NO	
Explain: _____			
Diabetes YES NO	Insulin dependent? ____	Flexibility YES NO	
Explain: _____			
Family history of heart disease YES NO	Who/Age? _____	Any other YES NO	
Explain: _____			
Abnormal resting EKG YES NO	Explain: _____		

