



Card # _____

Fitness Center Enrollment Form

Full Name _____ Nickname _____

Address _____

City, State, Zip Code _____

Home Phone _____ Cell Phone _____

E-mail _____ Date of Birth _____

Emergency Contact _____

Relationship _____ Emergency Contact Phone _____

ARE YOU A VETERAN? Yes No

DO YOU HAVE ANY OF THE FOLLOWING?

Heart Condition/Chest Pains: Yes No Diabetes: Yes No

Seizures Yes No Stroke/Mini-Stroke: Yes No

High Blood Pressure: Yes No Joint/Orthopedic Problems Yes No

Problem Breathing/Asthma/COPD Yes No Hernias: Yes No

Allergies: _____

Prescribed Medications: _____

I assume the risk and accept the responsibility for using the exercise facilities at the STUDIO 60 Senior Center. I hold harmless the Senior Center and any member of the Senior Center staff and/or volunteers. I accept responsibility for any injury I may suffer while exercising or participating in other activities at the Senior Center.

PARTICIPANT'S SIGNATURE _____ Date _____