



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Owen County Family YMCA
Health History Participant Information Form

Please complete this form and return to members' services desk prior to beginning program. Thank you.

Name: _____ Date: _____

Address: _____
address City State Zip

Phone: () _____ Mobile: () _____

Email: _____

Age: _____ Height: _____ Weight: _____

Physician: _____ Phone: _____

Program in which you plan to participate

- Aquatics Active Older Adult Cardio Land Aerobics Pilates
- Sports Yoga Strength Training Water Aerobics Zumba
- Cardio Machines Personal/Partner/Group Training 12 to Better You

Personal History

Check and record the date of occurrence if you have ever had the following:

- Heart problems _____
date
- High blood pressure _____
date
- Difficulty with physical exercise _____
date
- Chronic illness _____
Muscle, joint, or back disorder
that could be aggravated by
- Physician's advice not to exercise _____
date
- physical activity _____
date
- Recent surgery _____
date
- Lung problems _____
date
- Diabetes _____
date
- High cholesterol _____
date
- Arterial disease _____
date
- Respiratory problems _____
date
- Asthma _____
- Shortness of breath _____

<input type="checkbox"/> Dizziness _____ date	<input type="checkbox"/> Chest pain _____ date
<input type="checkbox"/> Anorexia / Bulimia _____ date	<input type="checkbox"/> Epilepsy _____ date
<input type="checkbox"/> Stroke _____ date	<input type="checkbox"/> TIA _____ date
<input type="checkbox"/> Hypoglycemia _____ date	<input type="checkbox"/> Back pain _____ date
<input type="checkbox"/> Fainting episodes _____ date	<input type="checkbox"/> Visual impairment _____ date
<input type="checkbox"/> Hearing impairment _____ date	<input type="checkbox"/> Currently pregnant _____ due date

Arthritis (joint replacement) _____

Drug Allergies _____

Do you smoke? Yes No Have you quit smoking recently? Yes No

Would you be interested in help with smoking cessation? Yes No

Is your occupation sedentary active heavy lifting

Do you believe you should lose weight? Yes No How much? _____

How many times per week do you engage in aerobic activity currently? _____

What types of aerobic activity do you enjoy?

Because of your age or other risk factors, you may be asked to provide a physician's release form.

In consideration of my participation in the activities at the Owen County Family YMCA, I do hereby agree to hold free from any and all liability the YMCA and its respective officers, employees, and member and do hereby for myself, my heirs, executors, and administrators, waive, release, and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me arising out of or connected with my participation in any of the activities of the YMCA. I also agree that before I use any equipment at the YMCA, it is my responsibility to learn the proper use of the equipment and facilities from the YMCA staff. I understand my privileges to use the YMCA equipment may be withdrawn if, in the sole judgment of the YMCA staff, my use of the equipment or facilities shall be deemed unsafe or in violation of the rules of use. I also agree that as a member or participant, I bear the sole risk of injury resulting from the use of any equipment, the facilities, and class participation. I hereby do declare myself to be physically sound, having medical approval to participate in the activities of the Owen County Family YMCA.

My signature state that I have read and understand this liability release.

Signature _____ Date _____