



PERSONAL PROFILE

MEDICAL CONDITIONS

Physician & Office Phone # _____

Medications _____

Asthma (circle one) Y N if yes, exercise induced? Y N

Allergies _____

Family history of Heart Disease Y N High blood pressure Y N

Other chronic or acute conditions you suffer from: _____

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

YES NO

- 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
- 2. Do you feel pain in your chest when you do physical activity?
- 3. In the past month, have you had chest pain when you were not doing physical activity?
- 4. Do you lose your balance because of dizziness or do you ever lose consciousness?
- 5. 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?
- 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
- 7. Do you know of any other reason why you should not do physical activity?
- 8. Are you pregnant? Or, have you given birth in the last 6 months?

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

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____



PERSONAL PROFILE

PRIMARY EMERGENCY CONTACT

NAME _____

RELATION _____

HOME PHONE () _____

WORK PHONE () _____

CELL PHONE () _____

SECONDARY EMERGENCY CONTACT

NAME _____

RELATION _____

HOME PHONE () _____

WORK PHONE () _____

CELL PHONE () _____

ACTIVE SPORTS (please circle & prioritize) for example: baseball ³

- | | | |
|-----------------|-------------------|---------------|
| baseball | gymnastics | softball |
| basketball | hockey | squash |
| boxing | lacrosse | swimming |
| cycling | martial arts | tennis |
| dance | personal training | track & field |
| field hockey | rugby | triathlon |
| figure skating | running | volleyball |
| football | skiing | water polo |
| general fitness | snowboarding | wrestling |
| golf | soccer | other _____ |

PRIMARY COMPETITIVE SEASON (please circle) FALL WINTER SPRING SUMMER

TEAMS YOU COMPETE FOR (please list)

① _____

② _____

③ _____

④ _____

⑤ _____

GOALS (for example, **to get stronger**)

① _____

② _____

③ _____

④ _____

⑤ _____



AGREEMENT & RELEASE OF LIABILITY

1. In consideration of being allowed to participate in the sports performance programs of CATZ and to use its facilities, equipment and services, in addition to payment of any fee or charge, I do hereby forever waive, release and discharge CATZ and its officers, agents, employees, representative, executors, and all others acting on their behalf from any and all claims or liabilities for injuries or damage to my person and/or property, including those caused by the ordinary act or omission of any of those mentioned or others acting on their behalf, arising out of or connected with my participation in any activities, programs or services of CATZ, or other use of any equipment at various sites, including home, outdoor areas, provided by and/or recommended by CATZ. I understand that the terms of this release shall not apply to gross negligence, willful or wanton conduct or criminal activity.
(Please initial _____).
2. I have been informed of, understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also have been informed of, understand and am aware that fitness and sports performance activities involve a risk of injury, including a remote risk of stroke, heart attack, death or serious disability, and that I am voluntarily participation in these activities and using equipment and machinery with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. (Please initial _____).
3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation or use of equipment or machinery. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in the exercise activities, programs and use of exercise equipment. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and use of exercise equipment. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in the exercise activities, programs and use of equipment with out the approval of my physician and do hereby assume all responsibility for my participation in said activities, programs and us of equipment. (Please initial _____).
4. I understand that CATZ provision and maintenance of a sports performance program for me does not constitute an acknowledgement, representation or indication of my physiological well being, or a medical opinion relating thereto. (Please initial _____).
5. In the event that any provisions of this agreement should be deemed to be invalid, then and in that event, the remaining terms hereof shall continue to be valid and enforceable between the parties hereto.
(Please initial _____).

Parent's
Signature _____ Date _____

Athlete's
Signature _____ Date _____