

Participant Information Sheet

Name: _____ DOB: _____ Age: _____

Address: _____

Street

City/State/Zip

(if applicable)

Parent/Guardian's Name: _____

Address *(if different)*: _____

Street

City/State/Zip

Contact Information:

Participant:

Phone #: _____

E-mail: _____

Other: _____

Preferred method of contact:

Mail Phone E-mail

Parent/Guardian (if applicable):

Phone #: _____

E-mail: _____

Other: _____

Preferred method of contact:

Mail Phone E-mail

Emergency Contact:

Name: _____

Phone #: _____

Doctor: _____

Phone#: _____

Activity/Sport Information:

List 3 sports /activities you participate in

1. _____

2. _____

3. _____

Health History Questionnaire

(All information is confidential!)



Name _____ Date _____

Have had, or do you currently have, any of the following (check appropriate lines)?

- | | | | |
|-------------------------------------|-------|-----------------------------|-------|
| High blood pressure | _____ | Frequent skin infection | _____ |
| Frequent headaches | _____ | Skin disorders | _____ |
| Migraine headaches | _____ | Heat exhaustion | _____ |
| Concussion/fainting/unconsciousness | _____ | Heat stroke | _____ |
| Chronic soar throat | _____ | Kidney/bladder infection | _____ |
| Mononucleosis | _____ | Thyroid disease | _____ |
| HIV infection | _____ | Seizures disorder | _____ |
| Heart problem | _____ | Hepatitis | _____ |
| Heart Disease | _____ | Tuberculosis | _____ |
| Rheumatic fever | _____ | Bruise or bleed easily | _____ |
| Scarlet fever | _____ | Hemorrhoids | _____ |
| Ulcer | _____ | Hernia | _____ |
| Nervous stomach | _____ | Sickle cell anemia | _____ |
| Appendicitis | _____ | Diabetes | _____ |
| Congenital abnormality | _____ | Pneumonia | _____ |
| Loss of a paired organ | _____ | Cancer, tumor, growth, cyst | _____ |
| Frequent diarrhea | _____ | Arthritis | _____ |
| | | Other: _____ | |

Have had, or do you currently have, any of the following (check appropriate lines)?

- | | | | |
|-----------------------------|-------|-------------------------|-------|
| Neck | | Arm | |
| Pinched nerve | _____ | Fracture | _____ |
| Burners/stingers | _____ | Calcium deposits | _____ |
| Fractures | _____ | Ruptured muscle | _____ |
| Sprain/strain | _____ | Other: _____ | |
| Disc problems | _____ | | |
| Unexplained pain | _____ | Elbow | |
| Surgery | _____ | Fracture | _____ |
| Other: _____ | | Subluxation/dislocation | _____ |
| | | Sprain/strain | _____ |
| Hand, wrist, fingers | | Tendonitis | _____ |
| Fracture | _____ | Surgery | _____ |
| Sprain/strain | _____ | Other: _____ | |
| Surgery | _____ | | |
| Other: _____ | | Thigh | |
| | | Quadriceps strain | _____ |
| Spine/back | | Hamstring strain | _____ |
| Fracture | _____ | Fracture | _____ |
| Muscle spasm | _____ | Surgery | _____ |
| Ruptured/herniated disc | _____ | Ruptured muscle | _____ |
| Stiffness | _____ | Calcium deposits | _____ |
| Pain with lifting | _____ | Tendonitis | _____ |
| Congenital deformity | _____ | Other: _____ | |
| Spondylogenic problems | _____ | | |
| S-I joint pain | _____ | | |
| Surgery | _____ | | |
| Other: _____ | | | |

Pelvis/hip

Fracture _____
 Subluxation/dislocation _____
 Contusion/hip pointer _____
 Groin strain _____
 Tendonitis _____
 Surgery _____
 Other: _____

Shoulder/clavicle

Fracture _____
 Subluxation/dislocation _____
 Separation _____
 Tendonitis _____
 Surgery _____
 Other: _____

Knee, lower legs, ankles, feet, toes

Fracture _____
 Ligament damage _____
 Cartilage damage/removal _____
 Patella-femoral problems _____
 Do you wear orthotics? _____
 Tendonitis _____
 Surgery _____
 Strain/sprain _____
 Shin splints _____
 Compartment syndrome _____
 Other: _____

Are there any other comments you would like to give concerning health?

I do hereby state that I have, to the best of my knowledge and belief, given correct and accurate medical history report. I understand that it is always best to confirm with my physician, my health status, before participating in physical exercise.

Participant's Signature

DATE

Parent/Guardian's Signature
(if participant is under 18 yrs. old)

DATE



WAIVER & RELEASE FORM

Because physical exercise can be strenuous and subject to risk of serious injury, STRIDES Human Performance Institute (herein referred to as “the gym”, “facility”, and “We”) urges you to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise activity. You (each client, guest, and all participating family members) agree that if you engage in any physical exercise or activity, or use any gym amenity on the premises or off premises, including any sponsored gym event, you do so **entirely at your own risk**. Any recommendation for changes in diet, including the use of food supplements, weight reduction and/or body building enhancement products are entirely your responsibility, and you should consult a physician prior to undergoing any dietary or food supplement changes. You agree that you are voluntarily participating in these activities and use of these facilities and premises **and assume all risks** of injury, illness, or death. We are also not responsible for any loss of your personal property. _____ **initial**

This waiver and release of liability includes, without limitation, all injuries which may occur as a result of: 1) your use of all amenities and equipment in the facility and your participation in any activity, class, program, personal training or instruction; 2) the sudden and unforeseen malfunctioning of any equipment; 3) our instruction, training, supervision, or dietary recommendations; and 4) your slipping and/or falling while in the building, or on the premises, including adjacent sidewalks and parking areas. _____ **initial**

You acknowledge that you have carefully read this “waiver and release” and fully understand that it is a **release of liability**. You expressly agree to release and discharge the gym, and all affiliates, employees, agents, representatives, successors, or assigns, from any and all claims or causes of action and you agree to voluntarily give up or waive any right that you may otherwise have to bring a legal action against the gym for personal injury or property damage. _____ **initial**

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of the facility, its agents, and employees. _____ **initial**

If any portion of this release from liability shall be deemed by a court of competent jurisdiction to be invalid, then the remainder of this release from liability shall remain in full force and effect, and the offending provision of provisions severed here from. _____ **initial**

By signing this release, I acknowledge that I understand its content and that this release cannot be modified orally. _____ **initial**

By signing this form, you give your permission to STRIDES Human Performance Institute to use your and/or your child(ren’s) voice, verbal statements, videotaped and photographed pictures for the purpose of marketing materials solely for STRIDES Human Performance Institute. _____ **initial**

SIGNED

PRINTED NAME

DATED

39 Carlon Drive
Northampton, MA, 01060
413.586.5000
www.strideshpi.net



Policies

Contact Information

To schedule an appointment, please call 586-5000. Our business hours are from 9am to 5pm. Or you may email us at info@stridespw.com.

Payment

Payment for your session is due prior to the time of service. Payment should be in the form of either cash or check.

Checks should be made payable to "STRIDES HPI."

Cancellations/Missed Appointments

Missed appointments or cancellations for any reason without a full business day's (24 hours) notice, will be charged the full amount for the session. Habitual canceling may result in a renegotiation of terms.

Do not email cancellations.

Appointment Times

Being on time for your appointment helps you to maximize your session time. Late arrival to an appointment will result in a delayed start, but the end time will remain the same. Therefore, the session will be shortened. This may impact the plan for your session.

Attire

Please wear sneakers to all training sessions.

Gift Certificates

Gift certificates may be purchased for any number of personal training sessions. See any of our staff members to make a purchase.

Signature

Date

Effective 6/12/09