

ARMIS SPRC

Full Name

Email Address

Gender

Street Address

City

Province/Region

Zipcode

Country

Date of Birth

Armis recommends that you clear your participation in any exercise program with your physician. It is your responsibility to inform your coach of any injury, illness, or condition that could limit your level of participation in any exercise.

Use of picture(s)/film/likeness: I agree to allow Armis, its agents, officers, principals, employees and volunteers to utilize picture(s), film and/or likeness of me for marketing and/or recruiting and retention purposes. In the event I choose not to allow the use of the same for said purpose, I agree that I must inform Armis of this in writing.

Initial here:

☐ I agree to these terms.

Have you ever had any form of heart disease? *

☐ Yes ☐ No

Have you ever experienced shortness of breath or chest pains? *

☐ Yes ☐ No

What was the date of your last physical?

Have you dealt with high blood pressure?

☐ Yes ☐ No

If yes, please explain:

Do you currently, or have you in the past, smoked cigarettes?

☐ Yes ☐ No

If yes, please provide the date you quit or how long you did/have smoked:

Do you suffer from diabetes?

☐ Yes ☐ No

If yes, please explain which type and any other pertinent details:

Do you have a family history of heart disease or diabetes?

☐ Yes ☐ No

If yes, please provide who and their age:

Do you have any problems with your knees?

☐ Yes ☐ No

If yes, please explain:

Do you have any problems with your back?

☐ Yes ☐ No

If yes, please explain:

Do you have any problems with your neck/shoulders?

☐ Yes ☐ No

If yes, please explain:

Do you have any problems with your hip/pelvis?

☐ Yes ☐ No

If yes, please explain:

Do you have any other problem areas or prior surgeries that could affect your participation?

☐ Yes ☐ No

If yes, please explain:

Is there any reason you know of that should prevent you from participation in exercise?

☐ Yes ☐ No

If yes, please explain:

Sign your name below:

Please read the [Electronic Records and Signature Disclosure](#)

☐ I agree to use electronic records and signatures