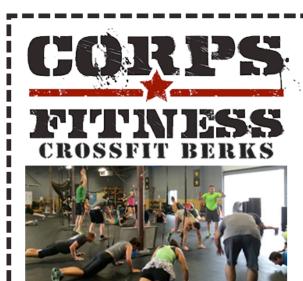


Name							
	(Last)		(First)		(MI)		
Home Address							
	(Street)		(City)		(State)		(Zip)
Email:	@			Phone			
				(Home)			(Cell)
DOB/	1		Weight:		Sex:	М	F
Emergency Cor	ntact Phone:			_			
SECTION I: R	ISK ASSESS	SMENT					
Are you active				YES NO			
		er week / Minutes	per session:				
Date of last full		of heart disease?		YES NO			
		nortness of breath	or chest pain?				
Do vou have an	ny problems in	the following area	ns? Please	explain to the bes	st of vour ability	,	
High Blood Pres		the following area	YES NO Levels		st or your donney.	•	
High Cholesterol Level			YES NO Levels				
Cigarette Smoking				many per day? In t	the past? How I	ong	?
Diabetes			YES NO Insulir				
Family history of		9	YES NO Who//				
Abnormal restin		andination?	YES NO Expla				
Are you current Knees	iy taking any n	redication?	YES NO Expla YES NO Expla				
Low Back			YES NO Expla				
Neck/Shoulders	:		YES NO Expla				
Hips/Pelvis			YES NO Expla				
Flexibility			YES NO Expla				
Any other	in:						
				(INITIAL H	IERE)		
SECTION I:							
				horize Corps Fitne			
				ally. I agree that Co irpose including fo		-	
		ng and web conte		•	HERE)	•	•
SECTION II:							
I,	, (F	FULL NAME) agree to	participate in exercis	se and conditioning act	tivities at the Corps	Fitne	ess facility and
				is not without varying			
				plems that would increa			
				se changes could inclu			
				death. I agree to waive			
				any and all claims, de essions. The undersign			
				with participation with		, 00.	po : 1411000 40
Participant Signatur	re (sign, print name	e, date)					
Parent or Guardian (if Participant is und							
(artioiparit is unit	act the age of 10)						



FREE CLASS

CHECK WEBSITE FOR SCHEDULE AND TIMES

WWW.CORPSFITNESS.NET

REFERRED BY:

220 PARK ROAD NORTH BUILDING 7 - WYOMISSING, PA 19610

1-877-498-8620

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