

TLE SPORTS Physical Activity Readiness Form

Name: _____ Home: (____) _____ - _____
Address: _____ Cell: (____) _____ - _____
City/Zip: _____ Age: _____

Emergency Contact:

Name: _____ Home: (____) _____ - _____
Cell: (____) _____ - _____

Answer the following questions to the best of your knowledge:

What is the present state of your health, as you perceive it? _____

Have you consulted a doctor prior to attending TLE SPORTS? _____

Has your doctor said you have heart trouble? _____

Do you frequently suffer from pains in your chest? _____

Do you have high blood pressure? _____

Are you diabetic? _____

Do you eat a balanced diet? _____

Are you pregnant? _____

Do you have back problems? _____

Do you have difficulty with physical activity? _____

Have you had surgery in the last 12 months? _____

Are you taking any medications or drugs? _____

Do you have arthritis or any other problem that might be aggravated by intense exercise?

Do you have a hernia or any other condition that may be aggravated by intense exercise?

ALL USE OF TLE SPORTS EQUIPMENT, OR SERVICES IS STRICTLY AT YOUR OWN RISK. By signing below, participants warrant that he/she is healthy and medically able to use the training equipment and assume all risk and liabilities resulting from such use. In no event shall TLE SPORTS be responsible for consequential or other damage. This form is intended for informal purposes only. It in no way represents acceptability to participate in any exercise activity. A consultation with your physician should be done before starting any exercise program.

ATHLETE SIGNATURE: _____ DATE: _____
PARENT SIGNATURE: _____ DATE: _____