



## Physical Performance History

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/guardian: \_\_\_\_\_ Work phone: \_\_\_\_\_

In case of emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance provider \_\_\_\_\_ #: \_\_\_\_\_

What is/are your major sport(s)? \_\_\_\_\_

- Are you on any medication? yes no
- Do you use an inhaler? yes no
- Are you **currently** seeing a physician (*not including regular check-ups*)? yes no
- Are you currently injured? yes no
- Have you been injured in the past? yes no
- Do you have any conditions that we should be aware of? yes no
- Will you need some or all movements/exercises modified regularly for you? yes no

If you answered yes to any above question, briefly explain:

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Are you cleared for physical activity by your physician? yes no

NOTE: It is entirely the *athlete's or participating person's* responsibility to communicate with the trainer in the event there are **ANY** physical limitations or modifications needed within our program.