



APPLICANT REGISTRATION FORM

1605 Benton Road, Suite C, Bossier City, Louisiana 71111
Phone: (318) 547-4205 or (318) 550-6594

First Name: _____ Last Name: _____

Date of Birth: _____ Sex: _____

Membership Type: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Emergency Contact

Name: _____ Number: _____ Relation: _____

How did you hear about us? _____

Do you consent to receiving information from **Survival Fitness** via email? Yes / No

Please circle the appropriate answer if you suffer from or have recently suffered any of the following conditions.

Any Heat or Stroke

Condition(s): **Yes or No**

Diabetes

Yes or No

High Blood Pressure: **Yes or No**

Hernia

Yes or No

Chest Pain or

Tightness: **Yes or No**

Epilepsy

Yes or No

Difficulty Breathing or

Chronic Cough: **Yes or No**

Fainting Attacks

Yes or No

Stomach Ulcers: **Yes or No**

Back Problems

Yes or No

Liver or Kidney

Condition(s): **Yes or No**

Asthma

Yes or No

Please list any other applicable conditions or health concerns not listed above: _____

Please list any surgery you have had in the past six (6) months:

I understand that participation in exercise carries risk. I hereby certify that I am aware of no medical conditions, other than what is noted above, that may increase my risk of illness or injury due to any exercise program(s). I have read and understood all questions above and hereby exempt, release and discharge **Survival Fitness, LLC**, its employees, agents and/or contractors, from liability for any injury, as a result of my participation in any program I participate in from the time of enrollment and in any future program(s).

Client Signature: _____ Date Signed: _____