



# Town of Farmville Recreation Department Pre-Fitness Evaluation Form



Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Male or Female

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Medical History (Check all that Apply)

- Male over 45 years \_\_\_\_\_ Female over 55 years \_\_\_\_\_ Blood pressure >140/90 mmHg \_\_\_\_\_
- Blood pressure unknown \_\_\_\_\_ Blood pressure Meds. \_\_\_\_\_ Blood cholesterol level > 200mg/dl \_\_\_\_\_
- Cholesterol level unknown \_\_\_\_\_ Smoker or quit smoking within previous 6 months \_\_\_\_\_ Heart Medication \_\_\_\_\_
- Heart Attack \_\_\_\_\_ Heart Surgery \_\_\_\_\_ Cardiac catheterization \_\_\_\_\_ Heart Failure \_\_\_\_\_
- Congenital heart disease \_\_\_\_\_ Heart valve disease \_\_\_\_\_ Heart Transplant \_\_\_\_\_ Pacemaker \_\_\_\_\_
- Cardiac defibrillator \_\_\_\_\_ Rhythm disturbance \_\_\_\_\_ Coronary angioplasty (PTCA) \_\_\_\_\_
- Bursitis/Arthritis/Tendonitis \_\_\_\_\_ Cancer \_\_\_\_\_ Depression \_\_\_\_\_ Back Pain \_\_\_\_\_
- Asthma/Lung disease \_\_\_\_\_ Currently Pregnant \_\_\_\_\_ Osteoporosis \_\_\_\_\_ Diabetes \_\_\_\_\_
- Nutrition Disorders \_\_\_\_\_ Musculoskeletal problems (muscle or joint injury) \_\_\_\_\_
- Burning or camping sensation in lower legs when walking short distances \_\_\_\_\_ Physically inactive \_\_\_\_\_

### Experience or previously experienced the following symptoms:

(Check all that Apply)

Unreasonable breathlessness \_\_\_\_\_ Chest discomfort \_\_\_\_\_ Dizziness \_\_\_\_\_ fainting, or blackouts \_\_\_\_\_

**Additional Medical Information:** Please attach a list of any medication, allergies, or additional health information that our fitness instructors may need to be informed of to better serve your fitness needs.

**WAIVER:** In participating in Recreation Fitness Programs, sponsored by The Town of Farmville, I understand that my participation is voluntary. I hereby acknowledge that I understand that there are risks of accidents resulting in bodily harm to me arising out of those activities, even when safety precautions are taken. I also understand that should I experience unusual pain or discomfort during activity, I will decrease or stop exercising and inform my fitness instructor of my symptoms. I claim that to the best of my knowledge, I do not have any medical or physical disability that will preclude my safe participation in this program. I agree to inform the staff of any changes in my medical or health condition while participating in this program. In case of emergency, accident or illness, I give my permission to be treated by a professional medical person and admitted to a hospital if necessary. I agree to be the party responsible for all medical expenses which are incurred in my behalf. It is understood and agreed that the Town, it's Mayor, Town Council, Boards, employees, volunteers and agents shall be held harmless against all claims, damages, loss or expenses including attorney's fees arising out of or resulting from my participation in recreation programs. I agree pictures taken may be used for future Town of Farmville promotions.

\_\_\_\_\_\*\* I have read the above waiver and understand the contents\*\*

\_\_\_\_\_  
SIGNATURE (PARENT OR GUARDIAN)

\_\_\_\_\_  
Date

**OFFICE USE Only:** Cash \_\_\_\_\_ Check # \_\_\_\_\_ Amount Paid \_\_\_\_\_ DATE: \_\_\_\_\_