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Addendum A
Health Unlimited Family Fitness & Aquatic Center
103 Century Drive, Mt. Airy, MD 21771
301-829-9730

Member Profile Sheet

Name: _____ Preferred Name/Nickname: _____

Address: _____

City: _____ Zip: _____ County: _____

Primary Phone #: _____ Other Phone #: _____

E-Mail Address: _____

Sex: M___ F___ Date of Birth _____

Spouse's name _____ # of children _____

In Case of Emergency Contact: _____ Phone: _____

Type of Membership: Single___ Couple___ Parent/Child___ Family___ Student___

A profile sheet is required for every member on the family membership.

Date of Last Physical Exam: _____ Name/City of Personal Physician _____

Are there any health related limitations or problems that our staff should be aware of?

Have you worked out in other health clubs? Yes___ No___

Name of Club: _____ Dates of membership: _____

How did you find out about Health Unlimited? _____

I have completed this profile sheet as accurately as possible. I am responsible for providing accurate, up-to-date health information, in writing, to Health Unlimited as long as I remain a member of this facility.

Member Name (Print)
(Parent or Guardian if under 18)

Member signature

Date



Health Status and Physical Fitness Assessment

This form is intended to provide *you*, the participant, with information that will allow *you* to make a decision regarding your ability to engage in a program of regular exercise. The staff of Health Unlimited is not medically trained to make such a decision and, as such, recognizes that *should one or more of the following conditions apply to your health history or present lifestyle, we recommend you obtain your physician's approval for medical clearance to engage in an exercise program.*

	Yes	No
1. Are you a smoker?	_____	_____
2. Do you have a history of heart disease or stroke?	_____	_____
3. Do you have any family history of heart/artery disease or stroke?	_____	_____
4. Does a member of your immediate family have a history of heart/artery disease before the age of 50 years?	_____	_____
5. Do you have a history of High Blood Pressure, have a blood pressure of 140/90 or greater at rest, or are you taking any blood pressure medication?	_____	_____
6. Do you have any chronic conditions requiring medical supervision or treatment (i.e. diabetes, epilepsy, rheumatoid arthritis, etc.) If yes, _____	_____	_____
7. Are you on medication that may restrict your activity in any way?	_____	_____
8. Are you over 35 years of age and sedentary? (No regular exercise in the last 6 months).	_____	_____
9. Do you experience any symptoms such as chest discomfort, spells of dizziness, or periodically feel faint?	_____	_____
10. Do you have a cholesterol level of above 240 mg/dl?	_____	_____
11. Are you Obese? (Based on the NIH Conference on Obesity) Men: over 25% body fat or 20% overweight Women: over 35% body fat or 20% overweight	_____	_____
12. Have you had any recent illness, hospitalization or surgical procedure? If yes: _____	_____	_____

The purpose of this form is to make you aware of any existing health problems which may impact your risks associated with exercise. If you checked "YES" to any of the above questions, or have any other medical concerns or otherwise are unsure of your ability to tolerate an exercise regimen, you may want to consult your physician before beginning an exercise program.

This assessment is to be read and signed by each member. If under 18, a Parent or Guardian must sign for them.

Waiver of Liability

The member, as signed below, has inspected the premises and is aware of the risks and dangers involved in using exercise equipment and engaging in exercise activities. The member recognizes that unanticipated and unexpected dangers may arise from engaging in such activities and that exercise can be strenuous and subject to risk of serious injury. As such, the member agrees that his/her engagement in physical exercise or activity, or use of any club amenity, on or off the premises, including any club sponsored event, is done entirely at his/her own risk and does release Health Unlimited, its employees, officers, heirs and assigns, from any and all liability attributable to ordinary negligence, use of the facilities and instruction offered by Health Unlimited.

Signature
(Parent or Guardian if under 18)

Date