



Intake Form

Name	
Address	
County	
Phone – home	
Phone – mobile	
Email	
	<i>(please note that email will be our primary form of communication with you)</i>
Date of Birth	/ /

How did you hear about Team Survivor? _____

Current Exercise: _____

Previous Exercise: _____

	Yes	No
Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?		
Do you feel pain in your chest when you do physical activity?		
In the past month, have you had chest pain when you were not doing physical activity?		
Do you lose your balance because of dizziness or do you ever lose consciousness?		
Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
Is your doctor currently prescribing drugs for your blood pressure or heart condition?		
Are you pregnant now or have you given birth within the last 6 months?		
Have you had recent surgery?		
Do you know of any other reason why you should not do physical activity?		

If you marked "Yes" to any of the above, please elaborate below:

What are your fitness interests and/or goals?

What types of programs are you interested in? (please circle all that apply)

- | | | | |
|------------|-----------|---------------|----------------|
| walking | running | spinning | yoga |
| kickboxing | nutrition | cooking | meditation |
| triathlon | toning | swimming | hiking |
| kayaking | cycling | rock climbing | water aerobics |

What and when was your cancer diagnosis and treatment?

Have you had any problems since your last cancer treatment/surgery?

Are there any other medical issues that would affect your exercise program?

The undersigned is under the care of a medical professional and acknowledges that she has been advised to consult with such medical professional prior to program participation.

The undersigned assumes all responsibility for and all risk of damage or injury that may occur to the undersigned as a participant in any programs under the auspices of TEAM SURVIVOR. The undersigned specifically assumes all risk for injury arising while attending programs, participating in exercises or movement or using any equipment or facilities. In consideration of being accepted as a participant in the programs, the undersigned, on behalf of her/himself and her/his heirs or assigns, hereby releases and discharges TEAM SURVIVOR, its officers, directors, employees, agents and volunteers, from all claims, demands, rights of causes of action, present or future, whether known or unknown, anticipated or unanticipated, and resulting from or arising out of incident to the undersigned's participation in the classes.

I have read and understand this assumption of risk agreement and release and willingly and without duress sign it, on behalf of myself and my spouse/partner with his/her full consent and approval, and agree to be bound by it.

Print Full Name _____

Signature _____

Date _____

Received by TSTS _____