

# FITNESS CLASS Registration and Consent Form

PLEASE PRINT

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Phone (days): \_\_\_\_\_ (evenings): \_\_\_\_\_

**Classes taking:**

- Monday, 12:05-12:50 p.m. Yoga
- Tuesday, 5:00-6:00 p.m. Pilates
- Wednesday, 12:05-12:50 p.m. Yoga
- Wednesday, 5:00-6:00 p.m. Yoga
- Thursday, 5:00-6:00 p.m. Interval Power
- Friday, 12:15-1:00 p.m. Yoga

Email:  Hitchcock  Other

\_\_\_\_\_  
\_\_\_\_\_

Age: \_\_\_\_\_

Gender:  Female  Male

Current exercise (type, frequency and amount):

\_\_\_\_\_

Physical limitations:

\_\_\_\_\_

Reason for taking this class:

\_\_\_\_\_

Mark all that apply to you:

- |   |   |
|---|---|
| <input type="checkbox"/> anxiety/panic disorder | <input type="checkbox"/> surgery in past year           |
| <input type="checkbox"/> hiatal hernia          | <input type="checkbox"/> recent injuries                |
| <input type="checkbox"/> hypertension           | <input type="checkbox"/> retinal or intraocular disease |
| <input type="checkbox"/> joint disorders        | <input type="checkbox"/> spinal disease                 |
| <input type="checkbox"/> pregnancy              | <input type="checkbox"/> other _____                    |

Please give a *brief* synopsis of your health: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

I take full responsibility for my voluntary participation in the activity class being offered by the Dartmouth-Hitchcock Live Well/Work Well Program. I agree to be gentle and work at my own capacity in the class and when practicing at home. I release the instructor, CCBA and Dartmouth-Hitchcock from liability resulting from any injury or discomfort from my attendance and participation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return this form to LWWW before your first class or to the instructor before the end of your first class.