

FITNESS ASSESSMENT FORM

(Complete both pages and return to the First Baptist of Smyrna Church Office)

NAME _____ PHONE _____

ADDRESS _____ CITY _____ ZIP _____

GENDER (M/F) ___ BIRTHDATE _____ AGE ___ WEIGHT ___ HEIGHT _____

EMERGENCY CONTACT _____ PHONE _____

DOCTOR _____ PHONE _____

CIRCLE ONE: First Baptist Church of Smyrna: MEMBER or NON MEMBER

Do you know of any medical problems that might make it dangerous or unwise to participate in vigorous exercise? ___ If yes, explain _____

Are you currently taking medication? ___ If yes, explain _____

Are you pregnant? _____ Are you less than 6 weeks post partum? _____

Have you ever been diagnosed with heart disease, high blood pressure, or high cholesterol?

Do you smoke? _____

Do you know your blood pressure? ___ If yes, list _____

Do you know your cholesterol level? ___ If yes, list _____

Has an immediate family member been diagnosed with heart disease, high blood pressure, or high cholesterol? _____

If you answered **yes** to any of these questions, we suggest that you see a doctor before participating in any activity. If you do decide to participate, then understand that you will be doing so at your own risk.

The information submitted on this health assessment form is true and complete to the best of my knowledge and I understand that any wrong or incomplete information could result in my injury, illness, or death.

SIGNATURE _____ DATE _____

PLEASE FILL OUT NEXT PAGE ALSO

In consideration for being allowed by First Baptist Church of Smyrna to participate and/or attend any church sponsored wellness or recreation event or activity including but not limited to: aerobics, weight training, games, basketball, volleyball, softball, health screenings, and educational classes. By signing below, the participant (or parent/guardian if participant is a minor) acknowledges and accepts the risks of physical injury associated with participation in the activity described above. Except for gross negligence on the part of the sponsor, the participant (or parent/guardian) accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant (or parent/guardian) promises to hold harmless the sponsoring organization and its representatives for any injury related to the activity.

If a dispute over this agreement or claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

Signature: _____

Date: _____

(IF YOUNGER THAN 18 YEARS OLD PARENT OR GUARDIAN MUST SIGN)