Abdominal Training Wheels, Inc.

Printed Registration Form

1. Print this form; fill in your information clearly and completely
2. Choose the method to return your forms
   By Mail: P.O. Box 43141
   Jacksonville, FL 32203

I would like to sign up for Group Fitness/Wellness Program: _____
(Write number of participants here)

Name of Organization: _____

Contact Name: _____ Title/Position: _____

Address:

_____
Street Address

_____
City State/Zip

Business Phone: _____

Alternate Phone: _____

Email: _____

Average fitness level of participants _____ (use scale of 1-10, 10 being highest = elite athlete)

Our Group Fitness/Wellness Program main goal is:

_____

_____

How did you hear about Abdominal Training Wheels, Inc.?

_____

If by Referral please provide their name: _____

MEDICAL HISTORY QUESTIONAIRE*

All "YES" answers require a written explanation on the next page

QUESTIONS	YES	NO
1. Are you allergic to any medication (aspirin, penicillin, sulfa, etc.)?	☐	☐
2. Do you take any prescribed medication on a permanent or semi-permanent basis?	☐	☐
3. Do you have a seizure disorder (epilepsy?	☐	☐
4. Do you have diabetes: Type I or Type II?	☐	☐
5. Have you ever been found to be anemic (low blood count)?	☐	☐
6. Do you have High Blood Pressure (hypertension)?	☐	☐
7. Do you have or have you ever had Heart Disease?	☐	☐
8. Do you have or have you ever had Lung Disease?	☐	☐
9. Do you have or have you ever had Kidney Disease?	☐	☐
10. Do you have or have you ever had Liver Disease?	☐	☐
11. Do you have or have you ever had asthma?	☐	☐
12. Do you have or have you ever had severe neck injury?	☐	☐
13. Have you ever been knocked out?	☐	☐
14. Have you had a broken bone or fracture in the past 2 years?	☐	☐
15. Do you wear glasses or contact lenses?	☐	☐
16. Have you ever injured your back?	☐	☐
17. Do you have back pain? If YES, circle the best answer below	☐	☐
Almost Never Seldom Occasionally Frequently with vigorous exercise or heavy lifting		
18. Have you had knee pain in the past 2 years that has disabled you for longer than a week?	☐	☐
19. Do you have other physical conditions, which cause pain?	☐	☐
20. Have you had any surgical procedures?	☐	☐
21. Are you currently pregnant?	☐	☐
22. Have you ever had your body fat tested?	☐	☐
23. Are you training for a specific event?	☐	☐

If you are unsure about the definition of any terms in this form, please call us to clarify. Do not assume.

24. What are your goals for the next three months?

PLEASE EXPLAIN ALL "YES" ANSWERS BELOW. PLEASE REFERENCE THE QUESTION NUMBER.

*Each participant must be asked these questions. Write in the above allotted space; the name, medical condition and explanation (If necessary please attach a separate sheet. Our goal is to be safe at all times.)

NOTICE: It is wise to seek your doctor's advice BEFORE beginning any health/fitness/nutrition program!