

Registration Form



Name: _____

Address/City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

In case of emergency, who should we contact: _____

CLINICAL INFORMATION: Height: _____ Weight: _____ Age: _____

Medical history (*circle all that apply*) Cardiovascular Disease Diabetes High Blood Pressure
Obesity Osteoporosis Sleep Apnea Stroke Cancer (type) _____ Other _____

Current Medications: _____

Over the Counter Supplement/Vitamins/Minerals/Herbs? _____

Are you currently under the care of a physician for any medical or physical problems (*please explain*)?

Do you smoke? Yes No

● **NUTRITION INFORMATION:**

Are you currently following a specific "diet", (low sodium, diabetic)? Yes No Explain:

● **EXERCISE INFORMATION:**

Do you belong to a gym (*which one*)? _____ Do you currently exercise? _____

If yes, please describe below your current exercise routine: _____

Activity Times per week: _____ Duration of activity: _____

Pre-Challenge Event preference: Friday, Sept 25th between 5-7pm
 Saturday, Sept 26th between 9-11am

Post-Challenge Event preference: Friday, Nov 20th between 5-7pm
 Saturday, Nov 21st between 9-11am

● **USER NAME:**

To participate in the Blogs, you will need a user name. (*Please keep it at roughly 10 characters in length or less*):

Signature: _____ **Date:** _____

EMERGENCY CONTACT: Name: _____ phone #: _____

PHYSICIAN: Name: _____ phone #: _____

I agree to sign the **General Release** and obtain the **Physician's Release**.

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