



GATOR

FITNESS & TRAINING

Medical Release Form

This form is a confidential information form. Under no circumstances will this information be shared without the written consent of the signee.

Name: _____ Home# _____ Alternate# _____
Address: _____ City _____ State _____ Zip _____
DOB: _____ Age _____ Sex m/f
Occupation: _____

Have you ever exercised before: y/n? if yes, please describe in full detail below:

Are you currently taking any medication? Y/N: if yes, please list below

Do you have a history of the following? Please circle y/n

Car accident y/n

Neck pain y/n

Shoulder pain y/n

Back pain y/n, if yes, where?

Joint pain y/n, if yes, where?

Sprains y/n, if yes, where?

Strains y/n, if yes, where?

Abdominal pain y/n?

Arthritis, bursitis y/n?

Allergies to oils or perfumes? y/n?

Scoliosis y/n
Surgery y/n, if yes, where and when?

Fibromyalgia y/n
Carpal Tunnel Syndrome y/n
Mastectomy y/n
Diabetes y/n
High blood pressure y/n
Stroke y/n, if yes, how long ago?

Cancer y/n, if yes, how long ago?

HIV y/n

Prior to beginning any group fitness, boot camp, Gator Ramp, Tactical Fitness Program, one-on-one session or any other exercise program, it is recommended that participants seek a physician's approval. Please sign below stating that You (the client) has established, from a licensed Health Care Professional, that he/she is fit to begin an exercise program with ATP Therapies, LLC d.b.a. Gator Fitness & Training.

Clients under the age of 18 years of age must have parental consent to participate:

Client Signature: _____ **date:** _____
Parent/ Guardian: _____ **date:** _____