



# CLIENT INFORMATION



Preferred Name: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ USAT Member Number: \_\_\_\_\_

If under 18, Parent Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

*(for parent and/or child if applicable)*

E-mail address: \_\_\_\_\_

The section below is a physical activity readiness questionnaire. Please read the questions carefully and answer each one honestly. Check either Yes or No.

**YES NO**

<input type="checkbox"/>	<input type="checkbox"/>	Has your doctor ever said that you have a heart condition and/or that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a bone or joint problem, (for example: back, knee, or hip) that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	Is your doctor currently prescribing drugs for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	Do you know of any reason why you should not do physical activity?

I have read, understood, and completed this questionnaire completely and honestly.  
Any questions I had were answered to my full satisfaction.

Printed Name of Athlete: \_\_\_\_\_

Signature of Athlete: \_\_\_\_\_

Printed Name of Legal Guardian  
*(If under age 18):* \_\_\_\_\_

Signature of Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_