

**Fitness Intake Form**

1. Name:
2. Date of birth:
3. Address:
4. Phone number:
5. Email:
6. Emergency contact:
7. Emergency contact relationship:
8. Emergency contact phone number:
9. How did you hear about us?
10. Has the doctor ever said that you have a heart condition AND that you should only do physical activity recommended by a doctor?

Yes No

If yes, please explain:

1. Do you know of any other reason why you should not do physical activity?

 Yes No

If yes, please explain:

**WARNING**: Affinity Studio conducts certain classes that use black lights and lights that change colors. While we do not use strobe lights, we need you to acknowledge that you understand and these may trigger seizures for people with photosensitive epilepsy.

Please initial here for acknowledgement:\_\_\_\_\_\_\_\_

By signing below, I agree that all the information above is true.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name:

Date: