



Name (Last) _____ (First) _____

Home Address/City/State/Zip: _____

Home Phone #: _____ Mobile #: _____

Email Address: _____

DOB: Mo _____ / day _____ / yr _____ Today's Date: _____ / _____ / _____

Weight: _____ Gender (please circle one): Male Female

Emergency Contact (Name/Relation) _____

Emergency Contact (Home & Cell Numbers): (H) _____ (M) _____

Do any of the following pertain to you:

High Blood Pressure	Yes	No	Levels:	_____
High Cholesterol	Yes	No	Levels:	_____
Cigarette Smoking	Yes	No	# Per Day:	_____
Smoked in Past	Yes	No	How Long:	_____
Diabetes	Yes	No	Insulin:	Yes No
Family History of Heart Disease	Yes	No	Who/Age	_____
Do you currently exercise	Yes	No	# Times Week:	_____
Are you currently on medication	Yes	No	Type(s)	_____

Please specify any allergies / allergies to medications: _____

Do you have problems in any of these areas:

Knee(s)	Yes	No	
Lower Back/Neck/Shoulders	Yes	No	
Hips/Pelvis	Yes	No	
Other (please explain)	Yes	No	_____

How did you hear about Milestone CrossFit? _____

In consideration of the forgoing, I, for myself, my heirs, executors, administrators, personal representatives, successors and assigns, waive and release any and all rights, claims and courses of action I have or may have against Milestone CrossFit or anyone associated with the entity, it's Primary Sponsor and it's affiliates, their agents, employees, officers, directors, successors and assigns, the Event Management Company, the City, the County, The Parks Districts, and any and all sponsors, their representatives and successors, that may arise as a result of my participation in the event and any pre-and post-event activities. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event, and a licensed medical doctor has verified my physical condition. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose including commercial advertising.

Signed: _____ Print Name: _____

Office Use: Milestone CrossFit Staff Member:

Date:

Start Date	Class	#/wk	
Dis			Pyemt Type

MC STAFF ACCEPTING THIS FORM MUST VERIFY COMPLETENESS OF INFORMATION & SIGNATURE OF CLIENT
Milestone CrossFit is owned and operated under TrainXfit, Inc.