FitLinxx®
Intelligent Exercise Solutions™

FITLINXX MEMBER REGISTRATION FORM

Please complete the following form to help assist us in setting up your new exercise program.

Select a 5- digit pin number that you will utilize to begin your exercise program each time you visit our Wellness Center. We recommend using 5 numbers that are important to you i.e.: birth date, anniversary or the last 5 digits of your phone number.
***Must be a 5 digit pin number!**

1st Choice: ☐☐☐☐☐ 2nd Choice: ☐☐☐☐☐

Member Information:

Name:		
Address:		
City:	State:	Zip:
Date of Birth:	Weight:	Gender:
Primary Phone:	Other Phone:	
E-mail:	Company Name:	
T-shirt size		

Contact Information:

Primary Emergency Contact:		
Name:	Phone:	Relationship:

Activities of interest:

❑ Aerobics	❑ Golf	❑ Running
❑ Aqua Aerobics	❑ Gymnastics	❑ Skipping Rope
❑ Archery	❑ Handball	❑ Snowboarding
❑ Badminton	❑ Hiking	❑ Soccer
❑ Baseball	❑ Hockey	❑ Softball
❑ Basketball	❑ Horseback Riding	❑ Square Dancing
❑ Biking	❑ Ice Skating	❑ Swimming
❑ Billiards	❑ In-line Skating	❑ Table Tennis
❑ Bowling	❑ Kayaking	❑ Tai Chi
❑ Canoeing	❑ Kickboxing	❑ Tennis
❑ Cross Country Skiing	❑ Lacrosse	❑ Triathlon
❑ Dance	❑ Line Dancing	❑ Volleyball
❑ Field Hockey	❑ Martial Arts	❑ Walking
❑ Foosball	❑ Netball	❑ Water Polo
❑ Football	❑ Racquetball	

Hobbies:

❑ Computers	❑ Gardening	❑ Music/CD's
❑ Cooking	❑ Internet	❑ Painting/Drawing
❑ Crafts	❑ Movies	❑
❑	❑	❑

Fitness Classes:

❑ Aerobics	❑ Cardio Challenge	❑ Pilates
❑ Basic Training	❑ Circuits	❑ Step Aerobics
❑ Body Conditioning	❑ Group Cycling	❑ Stretch
❑ Body Pump	❑ Hi/Low Impact	❑ Water Aerobics
❑ Body Shop	❑ Kickboxing/BoxAerobics	❑ Yoga/Power Yoga
❑ Boot Camp	❑ Mommy and Me	

Date: _____ **Time:** _____ **Instructor:** _____

Health Conditions you have experienced:

Cardiovascular

❑ Chest Discomfort	❑ Joint Replacement	**Other**
❑ Chest Discomfort (Agina)	❑ Knee Problems	❑ Anemia
❑ Coronary Bypass	❑ Limited ROM on Joints	❑ Depression
❑ Current Heart Murmur	❑ Lupus	❑ Diabetes
❑ Extra, skipped or rapid heart beat	❑ Multiple Sclerosis	❑ Epilepsy or Seizures
❑ Heart Attack	❑ Neck Problems	❑ Hearing Impairment
❑ High Blood Pressure	❑ Osteoarthritis	❑ Hypoglycemia
❑ High Cholesterol	❑ Osteoporosis	❑ Parkinson's
❑ Low Blood Pressure	❑ Rheumatoid Arthritis	❑ Post-Natal
❑ Peripheral Vascular Disease	❑ Shoulder Problems	❑ Pregnant
❑ Phlebitis or Emboli	❑ Swollen, Soar or Painful Joints	❑ Pre-Pregnancy
❑ Rheumatic Fever	**Pulmonary**	❑ Previous Heat Stroke
❑ Stroke	❑ Allergies	❑ Smoking
❑ Stroke-TIA	❑ Asthma	❑ Thyroid Problems
Musculoskeletal	❑ Asthma (exercises induced)	❑ Vision Impairment/Cataracts
❑ Ankle Swelling	❑ Bronchitis	
❑ Back Problems	❑ Chronic Recurring Cough	❑
❑ Broken Bones (recent)	❑ Emphysema	❑
❑ Fibromyalgia	❑ Pneumonia	❑
❑ Foot Problems	❑ Pulmonary Edema	❑

Thank you for taking the time to complete this form. We look forward to helping you reach your exercise goals.