



# Youth Fitness & Conditioning

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## CLIENT PROFILE FORM

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### HOUSEHOLD INFORMATION

Mother/Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_ eMail \_\_\_\_\_

Father/Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_ eMail \_\_\_\_\_

Primary Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact(s) \_\_\_\_\_ Emergency Phone(s) \_\_\_\_\_

Participant \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

### PARTICIPANT HEALTH & MEDICAL INFORMATION

Personal Physician \_\_\_\_\_ Location \_\_\_\_\_ Last Physical Date \_\_\_\_\_

Any chronic/serious illnesses? \_\_\_\_\_

Past hospitalizations/surgeries? List date(s) \_\_\_\_\_

Any past/present medications? Reason(s)? \_\_\_\_\_

Any allergies (medicine, food, environment)? \_\_\_\_\_

Any past/present injuries or physical limitations that may affect your fitness/conditioning program? \_\_\_\_\_

### PHYSICAL ACTIVITY READINESS INFORMATION

*Please indicate if the participant has ever experienced any of the following.*

High Blood Pressure	Yes <input type="checkbox"/> No <input type="checkbox"/>	Bone or Joint Pain	Yes <input type="checkbox"/> No <input type="checkbox"/>	High Cholesterol	Yes <input type="checkbox"/> No <input type="checkbox"/>
Heart Condition/Trouble	Yes <input type="checkbox"/> No <input type="checkbox"/>	Heat Stroke	Yes <input type="checkbox"/> No <input type="checkbox"/>	Diabetes	Yes <input type="checkbox"/> No <input type="checkbox"/>
Chest Pains	Yes <input type="checkbox"/> No <input type="checkbox"/>	Dizziness/Fainting	Yes <input type="checkbox"/> No <input type="checkbox"/>	Eating Disorder	Yes <input type="checkbox"/> No <input type="checkbox"/>
Lower Back Pain	Yes <input type="checkbox"/> No <input type="checkbox"/>	Asthma	Yes <input type="checkbox"/> No <input type="checkbox"/>	Obesity	Yes <input type="checkbox"/> No <input type="checkbox"/>
Asthma	Yes <input type="checkbox"/> No <input type="checkbox"/>	Smoker	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pregnant	Yes <input type="checkbox"/> No <input type="checkbox"/>

Explain Yes questions above \_\_\_\_\_

Any concerns about engaging in strenuous exercise? \_\_\_\_\_



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### PRESENT EXERCISE ACTIVITY LEVEL

List current exercise, fitness programs, and physical activities - Type, Length of Time, Times/Week:

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List current and past sports involvement:

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List any experience with strength training equipment specifically types and training methods:

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### FITNESS & CONDITIONING GOALS

*Include specific fitness areas, desired results, and planned events.*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Youth PHIT has requested the client information on these form pages for pre-exercise assessment and program planning purposes only and will keep this confidential. Depending on the client information provided, Youth PHIT reserves the right to require a medical clearance before beginning services; in this situation, I understand that Youth PHIT requires my permission to release this information to a medical professional.

I understand that this form does not represent a contract or program enrollment of any kind and further that a separate signed waiver & release form will be required before engaging in any physical activities with Youth PHIT.

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**Signature of Parent/Guardian or Participant**

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**Date**

Staff Use Only				
Height _____	BP _____	Push Ups _____	Mile Run _____	Sit & Reach _____
Weight _____	RHR _____	Pull Ups _____	Pacer _____	_____
Body Fat % _____	EHR _____	Sit Ups _____	Shuttle Run _____	_____