



NANCY OLSON WATER FITNESS REGISTRATION



Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Occupation \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Is your physician aware of your participation in an exercise program? \_\_\_\_\_

Emergency Contact 1 \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Emergency Contact 2 \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Please share any health issues which may impact your workout. Your health and safety is our top priority!

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you hope to gain by participating in a water fitness program? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you a swimmer? Y N N

Are you currently active in an exercise program?YY N What? \_\_\_\_\_

How did you find Nancy Olson Water Fitness? \_\_\_\_\_

\_\_\_\_\_

Nancy Olson Water Fitness recommends that every participant undergo a complete physical examination before starting this or any exercise program as well as an annual check-up. All limitations should be noted thoroughly and accurately on this form for your health and safety.

In consideration of my participation in this exercise program, I accept responsibility and assume the risk of all injury to my person, which might occur directly or indirectly. I release, discharge and hold harmless from any liability whatsoever, Nancy Olson or any other instructors.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_