

ALTIUS Athlete Intake Form

Name: _____ **Today's Date:** _____
Age: _____ **DOB:** _____ **Sex:** M ___ F ___ Other _____ **Height:** _____ **Weight:** _____
Occupation: _____
Street Address: _____
City: _____ **State:** _____ **Zip:** _____
Home Phone: _____ **Cell Phone:** _____
Email: _____
Emergency Contact: _____
Occupation: _____ **Sport(s):** _____

MEDICAL OVERVIEW	YES	NO	NOTES
Have you ever been diagnosed with a heart condition?			
Do you ever feel pain in your chest when doing physical activity?			
Do you tend to lose consciousness or fall over as a result of dizziness?			
Has a doctor ever recommended medication for blood pressure, a heart condition, or any disorder that could influence your ability to perform athletically?			
Do you, or have you ever, struggled with depression or anxiety?			
Do you have a bone or joint problem that could be aggravated by athletics? any surgeries?			
Have you developed chest pain within the last month?			
Have you ever had a neck injury, head injury or concussion?			
Do you have any respiratory disorders that might be aggravated by physical activity? (such as asthma? controlled/uncontrolled, etc.)			
Do you have any dietary allergies that might affect performance?			
Are you aware, through your own experience or a doctor's advice, of any other physical reason against your exercising without medical supervision?			

Have you ever worked with a fitness professional before? What are your expectations?

What are your primary athletic/fitness goals?

What are you currently doing to make goals into a reality?

What are your biggest struggles as an athlete?

Are you currently taking any medications, vitamins or supplements? If so, what?

I have read, understood and answered these questions to the best of my knowledge, and I will alert Altius Sports Performance (ASP) should any changes occur in the information provided. I have been informed of and I understand that any exercise program, even under the supervision of a fitness professional, is a potentially hazardous activity. Through my voluntary participation I assume all associated risks. I hereby waive, release and discharge ASP and its representatives for any and all claims or liabilities for injuries or damages to my person or possession. I agree to indemnify and hold ASP and its representatives harmless from all losses, liabilities, damages, costs or expenses (including but not limited to reasonable attorneys' fees and other litigation costs and expenses) incurred as a result of any claims or suits threatened or brought be me or on my behalf against ASP or its representatives to recover any losses, liabilities, costs, damages, or expenses.

Athlete Signature: _____ Date: _____

☐ By checking this box, I consent to be photographed, filmed and/or otherwise recorded, and I agree that Altius Sports Performance may use images of me and my name for any purpose whatsoever in perpetuity and without compensation.