



rocpk

rochesterparkour.com

Rochester Parkour Registration Form

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (HOME) _____ (WORK) _____

EMAIL: _____

BIRTH DATE: _____ AGE: _____

EMERGENCY CONTACT: _____ PHONE: _____

EMERGENCY CONTACT 2: _____ PHONE: _____

DOCTOR: _____ PHONE: _____

Are you currently taking any medications? _____

TYPE: _____ REASON: _____

TYPE: _____ REASON: _____

Have you or do you currently have injuries in any of the following areas? (Please circle)

NECK SHOULDERS ARMS HIPS BACK KNEES ANKLES

Are you currently under the care of a physician for any reason? _____

If yes and pertinent, explain: _____

Do you know of any physical condition that you have that could be aggravated by exercising (Heart troubles/Asthma)? _____

If yes and pertinent, explain: _____

Are you taking any medication which could cause a reaction while exercising? _____

If yes and pertinent, explain: _____

Does your doctor know that you are beginning a new exercise program? Y N

If your doctor knows that you are going to begin a new exercise program does he/she object? Y N

If yes, explain: _____

How did you hear about Rochester Parkour?

Have you signed a Liability Waiver? Y N

By signing below I verify that the above information is correct to the best of my knowledge:

Signature: _____

Date: _____