

EXERCISE HISTORY INFORMATION

Are you currently involved in a regular exercise program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you regularly walk or run 1 or more miles continuously?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what is the average number of miles you cover in a workout? _____		
What is your average time per mile? _____		
Do you practice weightlifting or calisthenics?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you involved in an aerobic program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what type(s)? _____		
Do you frequently compete in competitive sports?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes which one(s)?		
<input type="checkbox"/> Golf	<input type="checkbox"/> Volleyball	
<input type="checkbox"/> Bowling	<input type="checkbox"/> Football	
<input type="checkbox"/> Tennis	<input type="checkbox"/> Baseball	
<input type="checkbox"/> Handball	<input type="checkbox"/> Track	
<input type="checkbox"/> Soccer	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Basketball	<input type="checkbox"/> Average number of times per week: _____	
In which of the following high school or college athletics did you participate?		
<input type="checkbox"/> None	<input type="checkbox"/> Track	
<input type="checkbox"/> Football	<input type="checkbox"/> Swimming	
<input type="checkbox"/> Basketball	<input type="checkbox"/> Tennis	
<input type="checkbox"/> Baseball	<input type="checkbox"/> Wrestling	
<input type="checkbox"/> Soccer	<input type="checkbox"/> Golf	
<input type="checkbox"/> Other: _____		
Do you frequently compete in competitive sports?		
<input type="checkbox"/> Walking and/or Running	<input type="checkbox"/> Bicycling (outdoors)	
<input type="checkbox"/> Swimming	<input type="checkbox"/> Stationary Running	
<input type="checkbox"/> Stationary Biking	<input type="checkbox"/> Tennis	
<input type="checkbox"/> Jumping Rope	<input type="checkbox"/> Handball	
<input type="checkbox"/> Basketball	<input type="checkbox"/> Squash	
<input type="checkbox"/> Other: _____		
Comments: _____		

NAME: _____

SIGNATURE: _____

DATE: _____

 SIGNATURE OF PARENT: _____
 or GUARDIAN (for participants under the age of majority)

WITNESS: _____