Heart Fit Training Program Registration
To be completed by participant, parent or guardian. Please print legibly.
All information will be used by staff only and will be kept confidential.

Participants name (Last): _____ (First): _____
Sex (circle): M F Birthdate (MM/DD/YYYY): _____ Age at training:_____
Address: _____
City: _____ ST: _____ Zip: _____
Primary Phone #: _____ Type: Home Mobile
Email address:_____
Child's T-shirt size (circle): Youth sizes: S M L Adult sizes: S M L XL XXL

Participants/ Parent/Legal Guardian Information

If participant is a minor:
Primary parent/legal guardian name (Last name, First name):_____
Address: _____
City: _____ ST: _____ Zip: _____
Primary Phone #: _____ Type: Home Mobile
Email address:_____

Emergency Contacts

Please list a contact that can be reached in case of emergency.

Emergency Contact #1 Name:_____
Relationship to participant:_____
Primary Phone #: _____ Type: Home Mobile Work

Medical Information

Participant's Cardiac Diagnosis:_____
Cardiologist: _____ Phone:_____
Pediatrician: _____ Phone:_____
Medical problems other than cardiac problems (if checked, please describe):

- ☐ Asthma:_____
- ☐ Seizures/convulsions:_____
- ☐ Diabetes:_____
- ☐ Other:_____
- ☐ Allergies (please include medication, food, and environmental allergies):_____
  _____

Does your child (circle yes or no, and explain as needed):

Yes No partake is a school physical education program:_____
Yes No get short of breath with activity:_____
Yes No become more "blue" when playing or running:_____
Yes No ever require oxygen:_____
Yes No keep playing when he/she should stop to rest:_____
Yes No get out of breath walking up a flight of stairs:_____
Yes No need help getting around - ie, wheelchair or scooter:_____
Yes No has the participant's cardiologist limited your activity in any way? If so, please list:__
_____
Yes No Are all immunizations up to date?

I have, to the best of my knowledge, accurately stated all information herein correctly.

_____ _____
Participant/ Parent/legal guardian signature **Date**