



### First Time Participant Form

Center/Location: \_\_\_\_\_ Fitness Instructor: \_\_\_\_\_

#### Personal Contact Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Gender (Male or Female): \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Please check which ethnicity applies to you:

☐ African American ☐ Hispanic ☐ Caucasian (non-Hispanic) ☐ Asian ☐ Native American ☐ Other

Which of the following describes you best:

- ☐ I am a recreation center member.  
☐ I am a resident in the community.  
☐ Other \_\_\_\_\_ (specify)

#### Personal Health Section:

1. On average, how many days per week do you exercise for at least 30 minutes?

☐ None ☐ Less than one time per week ☐ One time per week ☐ Two times per week ☐ More than three times per week

2. What types of exercise do you enjoy? \_\_\_\_\_

4. Are you taking any medications? ☐ Yes ☐ No

If yes, please list: \_\_\_\_\_

5. Do you have any previous injuries? ☐ Yes ☐ No

If yes, please list: \_\_\_\_\_

6. Has a doctor, nurse or other health provider ever told you that you have...?

- a. Diabetes ☐ Yes ☐ No  
b. Hypertension or High Blood Pressure ☐ Yes ☐ No  
c. High Cholesterol ☐ Yes ☐ No

7. Do you consider yourself now to be...?

☐ Very Overweight ☐ Somewhat Overweight ☐ About the right weight ☐ Underweight ☐ Don't Know

8. Before today, have you ever participated in a fitness program? ☐ Yes ☐ No

9. If no, what are some reasons why you have NOT participated in a fitness program before?

Emergency Contact Information (please provide information for a person we can contact in case of an emergency): \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_



City of New York  
Parks & Recreation

NYC Service

Health

Department of  
Education  
Joel I. Klein, Chancellor

