



## Life Center Health History & Code of Conduct

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

Gender:  Male  Female D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Phone - Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail address: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last physical: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Stress Test: (if performed) \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever been a member of the Life Center before?  Yes  No Referred by: \_\_\_\_\_

<b>Medical History and Current Symptoms(do you now or have you had in the past)</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Heart problems: heart attack, bypass, angioplasty, stent, angina
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Heart failure
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Stroke or TIA
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Blockage in artery to: legs, neck or kidney
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Chest pain, heaviness, tightness or burning (angina)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dizziness or fainting (syncope)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Unusual fatigue or shortness of breath (dyspnea) at rest or with normal activity
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pain or tightness in hips or calves with walking (claudication)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Diabetes. If yes, what type:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Seizure disorder
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Breathing or lung problems
<b>Other Symptoms (please answer all questions)</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pregnancy (now or within the last 3 months)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Recent surgery or any other condition that might hinder you from exercise
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Thyroid problems
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Muscle, joint or back problems
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mental/nervous disorder
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Current cigarette smoker or quit within the last 6 months
<input type="checkbox"/> Yes	<input type="checkbox"/> No	High blood pressure (140/90 or higher) or taking medicine to lower blood pressure
<input type="checkbox"/> Yes	<input type="checkbox"/> No	High blood cholesterol (240 or higher) or taking medicine to lower cholesterol level
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Family history of early heart disease (father/mother/brother/sister before age 60)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Excess Weight ("20 extra pounds" especially around the waist)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other symptoms not listed:

Medicines: Dose and how often (list all medicines including herbal products, etc.)

1.	4.	7.
2.	5.	8.
3.	6.	9.

Any allergies (list drug/food/latex, etc.): \_\_\_\_\_

Physical activities I enjoy are \_\_\_\_\_

My health goal(s) is/are \_\_\_\_\_

Your signature below authorizes a Life Center staff member to obtain a medical clearance from your physician if you have diagnosed heart problems, diabetes, metabolic disorders, respiratory problems or any other significant risk factors, before you engage in exercise program(s). **It is your responsibility to update this form on a yearly basis and to notify a Life Center staff of any changes.**

⇒ Signature \_\_\_\_\_ Date \_\_\_\_\_

### Code of Conduct

The Life Center Health & Conditioning Club (also referred to as Life Center) strives to provide a safe and enjoyable environment to all our members and guests. Respectful and mature behavior is expected at all times. Inappropriate behavior may result in suspension or termination of membership privileges. Management reserves the right to terminate members for non-payment of membership dues, for inappropriate behavior or other reason as determined in the sole discretion of the Life Center Health & Conditioning Club staff. To ensure the comfort and safety of everyone, we have set forth the following expectations for all individuals who use the facility.

Behaviors that violate the Life Center Health & Conditioning Club include, but are not limited to:

- Any acts of violence;
- Any illegal activity;
- Smoking or illegal drug use in or outside the Life Center Health & Conditioning Club property;
- Use of vulgar or inappropriate language, swearing, name-calling or shouting;
- Harassment or intimidation by words, gestures, body movement or behavior;
- Possession of any item(s) that could be viewed, in the sole discretion of Life Center staff, as a weapon or as a threat to others;
- Careless use, disregard or destruction of the Life Center Health & Conditioning Club property or the property of others;
- Usage of the Life Center Health & Conditioning Club facility while under the influence of alcohol or illegal drugs; and
- Disrespect or disregard for the persons or property of others.

#### Waiver, Hold Harmless and Release from Liability

I understand that there is risk of injury associated with participation in any fitness program, including use of the LIFE CENTER facilities. In consideration of being accepted as a Member of the LIFE CENTER, and being permitted to participate in the LIFE CENTER programs and activities, I agree to waive, release and hold harmless the LIFE CENTER, the Greenville Health System, its Board of Trustees and their agents, servants and employees from all claims, liability, demands, rights and causes of action present or future, including medical bills, fees, or expenses, whether known, anticipated or unanticipated, whether or not relating to the negligence of any officer, employee, or agent of the LIFE CENTER or Greenville Health System, and whether or not resulting from, arising out of, or incident to my use of, presence at, or membership in the LIFE CENTER Health & Conditioning Club.

**I HAVE READ THIS ENTIRE DOCUMENT OR HAVE HAD IT READ TO ME, AND I UNDERSTAND IT OR HAVE HAD IT ADEQUATELY EXPLAINED TO ME. BY SIGNING THIS DOCUMENT, I AGREE TO BE BOUND BY ALL TERMS AND CONDITIONS CONTAINED HEREIN ALONG WITH ALL LIFE CENTER POLICIES & PROCEDURES STATED IN THE MEMBER GUIDELINES THAT I RECEIVED UPON REGISTRATION.**

⇒ Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_