

Wolfpack Boxing Club Tracking Sheet



Date ____/____/____

Name _____

Address _____

Email Address _____

Occupation _____

Days per week ____ Hours per week _____

Travel? YES NO

Have you ever been convicted of a felony? _____

If yes, what was the charge? _____

How did you hear about Wolfpack Boxing? _____

If referred by current member, please list: _____

Have you ever had any training before? YES NO

Where? _____

How Long? _____

Instructor? _____

DOB/Age _____/_____

Home Phone () _____ - _____

Work Phone () _____ - _____

Marital Status _____ # of Children _____

Emergency Contact:

Name _____

Phone: _____

What is your reason for training?

- | | |
|--|---|
| <input type="checkbox"/> Physical Fitness | <input type="checkbox"/> Self-Confidence |
| <input type="checkbox"/> Stress Management | <input type="checkbox"/> General Interest |
| <input type="checkbox"/> Self-Defense | <input type="checkbox"/> Relaxation |
| <input type="checkbox"/> Self-Discipline | <input type="checkbox"/> Other _____ |

Health and Medical Record

Are you exercising regularly? YES NO

If Yes, what type? How often? - _____

Do you consider your eating habits healthy? _____

If No, why? _____

Do you smoke? YES NO

Drink? YES NO OCCAS.

Are you currently taking any medications? YES NO

If Yes, what type(s)? _____

Have you ever had surgery? YES NO

If Yes, what type? _____

When? _____

Do you have any of the following problems?

- | | |
|--|---|
| <input type="checkbox"/> Heart condition | <input type="checkbox"/> Lack of energy |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Back problems |
| <input type="checkbox"/> Lack of strength | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Poor circulation | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Blood Pressure (High) | <input type="checkbox"/> Hernia |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Blood Pressure (Low) |
| <input type="checkbox"/> Tension | <input type="checkbox"/> Bronchitis |

Signature of applicant:

Printed name: