

**ELKIN RECREATION CENTER
ADULT REGISTRATION FORM**

ELKIN RECREATION CENTER
ELKIN RECREATION & PARKS DEPARTMENT
399 HWY 268W PO BOX 345 ELKIN, NC 28621 PH: 336.794.6478 #1 FAX: 336.794.6494

Directions: This form is for adults age 18 and over. Please complete the form and bring to the Elkin Recreation Center upon fitness registration. Proof of residency required for Town Resident rate.

Full Name Age

Date of Birth Gender Male
Female

Residential Address City

State Zip Code E-mail

Home Phone Mobile Phone

Do you live within the Town Limits of Elkin? Yes
No

Generic Fitness Medical History Questionnaire

Please indicate in the space provided if you have a history of the following:

Heart Attack?	Yes	High Blood Pressure?	Yes
	No		No
Chest discomfort with physical exertion?	Yes	Bypass or Cardiac Surgery?	Yes
	No		No
Rapid or runaway heartbeat?	Yes	Skipping heartbeat?	Yes
	No		No
Rheumatic Fever?	Yes	Phlebitis or Embolism?	Yes
	No		No
Faintness or light-headedness?	Yes	Shortness of breath with or without exercise?	Yes
	No		No
High Blood Fat (lipid) Level?	Yes	Pulmonary disease or disorder?	Yes
	No		No

