ENHANCE®FITNESS ENROLLMENT FORM

PARTICIPANT DETAILS

*required information

*Registration Date: _____ /_____ /_____

*First Name:	Nickname/Preferred:	*Last Name:
*Date of Birth: _____ /_____ /_____ MM DD YYYY	*Sex: ☐ Male ☐ Female	Address Street 1: Street 2: City: *State: *ZIP Code:
Home Phone: ( ) -	Mobile Phone: ( ) -	
Email:		Preferred Contact Method *(select one)*: ☐ Email ☐ Mobile - Call ☐ Home Phone ☐ Mobile - Text

How did you hear about the program?	*What is your highest level of education?	*What is your race? (Check all that apply)
☐ Current/Former Program Participant ☐ Doctor/Other Health Care Professional ☐ Employer ☐ Family/Friend/Word of Mouth ☐ Health Insurance Company ☐ Media/Marketing ☐ Screening Event/Health Fair ☐ Y Staff Member/Volunteer ☐ Other	☐ Less than high school ☐ High school diploma or GED ☐ Associate degree ☐ Bachelor's degree ☐ Master's degree ☐ Doctorate ☐ Professional degree (MD, JD, DDS, etc.) ☐ Other	☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White or Caucasian ☐ A race not listed here ☐ Prefer not to answer
*Are you of Hispanic, Latino(a), or Spanish Origin? ☐ Yes ☐ No ☐ Prefer not to answer	Are you a member of the Y? ☐ Yes ☐ No	Employer Name: _____

YMCA Staff Use ONLY:

Participant Status: ☐ Enrolled ☐ Wait list	Class/Cohort Name:	Class Location:
Primary Instructor:	Below forms are signed and on file: ☐ Consent and Release from Liability ☐ Authorization for Use and Disclosure of Health Information ☐ Authorizations for Release of Information to Health Care Provider	

HEALTH HISTORY

Have you ever been told by a doctor or other health professional that you have any of the following conditions? Check all that apply.

Arthritis	☐
Asthma	☐
Rheumatic Disease	☐
Cancer	☐
Depression	☐
Diabetes	☐
Heart Disease	☐
Hypertension	☐
Lung Disease	☐
Prediabetes	☐

Do you now have any health challenges that requires you to use special equipment, such as a cane, wheelchair, special bed or special telephone?

☐ Yes
☐ No

Are you limited in any activities because of physical, mental, or emotional problems?

☐ Yes
☐ No

What are your goals for participating in this Enhance®Fitness class?