



TEMPLE WISE AND WELL

Application and Information Sheet

Complete the information below and return this form to Room 101, Pearson Hall. A member of the staff will review your application and Risk Assessment (PAR-Q) and help you complete the enrollment process and develop program objectives.

Name _____ Date of Birth _____ Age _____
(First) (Last)

Temple Affiliation _____ Faculty, Staff, GA, TA, Alumni, Family

Temple Address _____ Phone _____ email _____

Mailing Address _____

City _____ State _____ Zip _____

Personal Physician _____

_____ City _____ State _____ Zip _____
(Address)

Person to Contact in an Emergency _____ Phone _____

Insurance Plan _____

Personal Goals for Health-Fitness Programming (Check if appropriate):

1. _____ Improve cardio-vascular fitness
2. _____ Improve work capacity
3. _____ Increase energy level
4. _____ Improve muscular strength and endurance
5. _____ Improve flexibility
6. _____ Lose or gain weight
7. _____ Reduce stress
8. _____ Rehabilitate from illness or injury
9. _____ Other _____

(Signature)

(Date)

Continue to the Activity Readiness Questionnaire (PAR-Q)