



**The HIT Center**

Demographics

Name: First \_\_\_\_\_ Last \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Additional Number: (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Number: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Birth date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Age: \_\_\_\_\_ Years \_\_\_\_\_ months

How did you hear about The HIT Center? \_\_\_\_\_

**Speed-Up™ Information Only**

School or Professional Team: \_\_\_\_\_ Grade in School: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Primary Sport for This Training Period: \_\_\_\_\_

Position in Primary Sport: \_\_\_\_\_

Secondary Sport: \_\_\_\_\_

Other Sports or Activities: \_\_\_\_\_

**LUP/HIT FIT Information Only**

Preferred Activity: Treadmill \_\_\_\_\_ Bike \_\_\_\_\_ Running \_\_\_\_\_ Walking \_\_\_\_\_

Do or have you lifted weights: \_\_\_\_\_

Do you have a physician referral? \_\_\_\_\_

What are your reasons for joining? \_\_\_\_\_

Goals: \_\_\_\_\_

Are you currently on a diet? \_\_\_\_\_ What type? \_\_\_\_\_