Intake Form

Step 1 Veteran Information *REQUIRED

Birthday: Age:

Name: Ethnicity:

Address:

City: Zip: State:

Email:

Gender: Male Female T-Shirt Size: Phone 1: Phone 2:

Branch Served:

Years Served:

Does veteran use a service animal? ☐ Yes ☐ No

Step 2 Fitness Partner

Birthday: Age:

Name: Ethnicity:

Address: Gender: Male Female T-Shirt Size:

City: Zip: State: Phone 1:

Email: Phone 2:

Step 3 Emergency Contact Information *REQUIRED

Emergency contacts should be someone other than Fitness Partner

#1 Name: Relationship:

Email: Phone:

#2 Name: Relationship:

Email: Phone:

Step 4 Medical

Does veteran have a seizure disorder? ☐ Yes ☐ No Date of last seizure: *If yes, complete Seizure Information Form

Are there any medications you would like us to be aware of? ☐ Yes ☐ No *If yes, please attach additional information

Step 5 Allergies

Are there any allergies you would like us to be aware of? ☐ Yes ☐ No *If yes, please list:

Step 6 Approvals *REQUIRED

I grant photo permission for pictures to be taken and used in NEDSRA publications. ☐ Yes ☐ No

Signature: Print Name: Date: