

Member Information

Welcome to Lucky Punch Boxing & Fitness!

Date ____/____/____

Name _____ DOB _____/_____/_____

Address _____

City _____ Zip Code _____

Home phone _____Cell phone _____

Business Phone _____Email _____

How did you hear about Lucky Punch (circle)? Referral / Media /Website / Other_____

Emergency contact Information

Name _____

Relationship to applicant_____

Address _____

City _____ Zip Code _____

Home phone _____Cell phone _____

Email _____

Health Information

Below are some specific health related questions – in this spot here please list any health related issues that you currently have or have had in the past several years – this will help us take better care of you _____

Do you have a heart condition or have you experienced any chest pain in the last 6 months? Yes No If yes, please explain _____

_____

What medications are you currently on _____

Are you currently active with any physical activities? Yes No

If yes, what type?