



***Please print, complete and return at your first scheduled session.***

All information received on this form will be treated as strictly confidential.

Please fill out the forms ***completely and accurately***. This information is essential to helping your trainer develop a program that addresses your needs, goals, and is safe and effective.

Name: _____	Date of Birth	__ / __ / __	Age: _____
		M D Y	
Address: _____	Street	City	State Zip Code
Phone: _____	(h)	(o)	(fax)
Email address: _____			
Occupation: _____			
Emergency Contact: _____	Relationship: _____		
Phone Number: _____			
Physician's Name: _____	Physician's Phone: _____		
Physician's Address: _____	Street	City	State Zip Code