

Registration & Questionnaire (Please print clearly)

Date: _____ Name _____

Home Address _____

City _____ Postal Code _____

Home Phone _____ Work Phone _____

Occupation _____ Male _____ Female _____

Date of Birth _____ Age _____ Marital Status _____

Registering Class & Time _____

Do you have a diagnosis by a physician? If so, please describe:

Are you taking any prescribed medication at this time? Yes _____ No _____

Do you have any injury the instructor should know about?

What type of exercise or physical activities do you participate in and how often?

How did you find out about us? _____

Name and telephone number of person to be notified in an emergency
(Please write clearly in printing):

Signature: _____ E-mail: _____

Fax #: _____

The confidential information on this page is provided to the instructor, by accepting this document, the instructor agrees that the information contained herein will not be disclosed to others. Thank you for your co-operation!