



Name _____ Date of Birth _____

Address _____ City/State _____ Zip _____

Home Phone _____ Cell _____ Parent's Cell _____

Email Address _____

Home Phone *Cell* *Parent's Cell* *Email*

Preference of Contact _____

Emergency Contact/Phone Number _____ Emergency Contact/Phone Number _____

Medical Conditions/Limitations _____

Referral Source _____

Sport(s) _____ School _____ Current Grade _____

Have you weight trained previously? _____ Where? _____

Card# _____ Exp. Date _____ Sec. Code _____

Signature (if over 18) _____ Parent/Guardian Signature _____ Date _____

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