Information Form

Please print answers to each of the following questions

Client Information and Release Form

Name: _____ Birth Date: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s) Home: _____ Work: _____ Cell: _____

E-mail: _____

Employer: _____ Occupation: _____

Emergency Contact

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s) Home: _____ Work: _____ Cell: _____

Primary Care Physician

Name: Phone Number:

_____ _____

Signature of Client Date

_____ _____

Signature of Parent/Guardian if under the age of 18 Date

_____

Printed name of Parent/Guardian

_____ _____

Signature of Trainer Date