



Member Profile

***print this form and fill it out completely before your first FREE class.**

Student Full Name(s): _____

Address: _____

Phone Number: _____

Alternate Phone Number: _____

Date of Birth: _____

E-Mail Address: _____

Emergency Contact Information

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Medical History

*** Please be sure to list any and all medical information (surgeries, medicines, allergies, etc.) ***

Student Signature (or parent/legal guardian if under 18): _____

Date: _____