

REGISTRATION FORM
(please-print)

Adult Functional Training Program: Our Adult Functional Training Program offers an individualized approach with tailored exercise programs, nutrition counseling, and recreational activities. A team that includes exercise physiologists and staff members certified by the American College of Sports Medicine as well as other nationally recognized organizations, performs comprehensive fitness evaluations and develops individualized programs. Participants are motivated to achieve their fitness goals as they learn how to exercise properly, efficiently, and safely. Memberships are available to all adults in neighboring communities. All participants must be over the age of 18. Entry into the program is contingent upon the approval of the individual's personal physician. A physician's clearance form must be submitted in order to participate in the exercise program.

Name _____ Home Phone () _____

Business Phone () _____ Cell Phone Number () _____

Address _____ SS No. _____

Age _____ Sex _____ Email: _____

Your Occupation _____

PLEASE WRITE WHICH PROGRAM YOU WILL BE PARTICIPATING IN: _____

Family Physician/ Cardiologist/ any physician we should have there information :

Name _____

Address _____

Phone No. () _____

Emergency Contact Name: _____

Home Phone () _____ Business Phone () _____

Cell Phone Number () _____ Address _____

Emergency Contact Name: _____

Home Phone () _____ Business Phone () _____

Cell Phone Number () _____ Address _____