



# Personal Training Registration

**STAFF USE ONLY:**

Today's Date: \_\_\_\_\_

Member ID: \_\_\_\_\_

Training Package purchased: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Taken by: \_\_\_\_\_

CASH

CHECK NO: \_\_\_\_\_

CARD

## How can we best contact you?

Name: \_\_\_\_\_

Phone Number: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Email: \_\_\_\_\_

## Do you have any injuries we should be aware of?

---

---

---

---

---

---

---

---

---

---

\*\*\*\*\*For Personal Trainers Only\*\*\*\*\*

Notes:

---

---

---

---

---

---

---

---

---

---