

INTENSITY FITNESS Class Registration Form

Please Print Legibly – All information shall remain strictly confidential

Date: _____

How did you hear about the Intensity Fitness classes: _____

Full Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ [] Home Phone [] Mobile Phone

Email (Please Print): _____

Emergency Contact _____

Best way to notify you in the event a scheduled workout class is cancelled for that day:

[] Email [] Above listed phone [] Other phone _____ [] Voice msg [] Text msg

You are: [] Male [] Female / [] Adult [] Teen Current Age: _____ Birth Date: __/__/_____

- Child 1 Name _____ Current Age: _____ Birth Date: __/__/_____
- Child 2 Name _____ Current Age: _____ Birth Date: __/__/_____
- Child 3 Name _____ Current Age: _____ Birth Date: __/__/_____
- Child 4 Name _____ Current Age: _____ Birth Date: __/__/_____

Primary Fitness Goals:

[] General Conditioning [] Improve Endurance [] Reduce Body Fat [] Develop Strength
[] Tone Muscle [] Develop Muscle Fitness Level: [] Beginner [] Intermediate [] Advanced

Please list any health / medical issues or concerns:

Please Indicate below the Class days and times you are interested in attending:

Morning Afternoon Evening (Please Circle)

Print Name: _____

Signature: _____ Date: _____