



## Outdoor Circuit Training Registration Form

Participant Information (Please fill in all sections completely)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ M: \_\_\_\_\_ F: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

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

### Emergency Contact Information

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_

### Medical Information

Primary Physician: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

Please List any serious conditions, illnesses, and/or physical limitations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please List all current medications: \_\_\_\_\_

### PUNCH CARD Pricing: Choose number of classes within 8-week session, Circle one:

4 workouts \$60

8 workouts \$115

12 workouts \$155

16 workouts \$200

\*Important: For check payments, please make payable to Kathy Craft, and mail check along with registration form to: 11 Hillsdale Avenue, SC CA 95060