

Registration Template

Fillable Form Fields Template - For Testing

firstName

lastName

email

phoneNo

dateOfBirth

gender_male

gender_female

gender_other

firstTimeGym

interestedGroupClasses

interestedPersonalTraining

needNutritionGuidance

streetAddress

streetAddressLine2

city

state

zipCode

currentWeight

goalWeight

height

fitnessLevel

emergencyContactFirstName

emergencyContactLastName

emergencyContactPhone

emergencyContactRelationship

hasMedicalConditions

heartCondition

highBloodPressure

asthma

jointIssues

diabetes

allergies

medicalDetails

consentEmergencyTreatment

wearsMedicalAlert

membershipDuration

preferredStartDate

agreeToTerms

clientSignature

signatureDate