



## Registration Form

Complete the form below to begin your fitness journey.

### Selected Plan

Selected Plan

Duration

Price (\$)

Sessions

Initiation Fee (\$)

Plan Description

### Personal Information

First Name

Last Name

Email Address

Phone Number

Date of Birth

#### Personal Details

Gender

☐ Male ☐ Female ☐ Other

Additional Information

☐ First time at a gym

☐ Interested in group classes

☐ Interested in personal training

☐ Need nutrition guidance

Street Address

Street Address Line 2

City

State/Province

Postal/Zip Code

## Health Metrics

Current Weight (lbs)

Goal Weight (lbs)

Height (cm)

Fitness Level

*These metrics help us customize your fitness journey and track your progress effectively.*

## Emergency Contact

First Name

Last Name

Phone Number

Relationship

## Medical Information

Do you have any medical conditions or allergies?

☐ Yes ☐ No

Please check any that apply:

☐ Heart Condition

☐ High Blood Pressure

☐ Asthma

☐ Joint Issues

☐ Diabetes

☐ Allergies

#### Additional Medical Details

#### Emergency Preferences:

☐ I consent to emergency medical treatment if necessary

☐ I wear a medical alert bracelet/necklace

## Membership Duration

Choose Duration

*Subscription renewal coming soon!*

**3 Months**

*coming soon!*

**6 Months**

*coming soon!*

**12 Months**

*coming soon!*

Preferred Start Date

☐ I agree to the [terms & conditions](#)

## Terms & Conditions

Client has agreed to all terms and conditions.

**Registration Agreement Complete**