



Extreme Fitness Club Registration Form

Registration Date _____

Gender M F

Name _____
Last First MI

Address _____
Street City State Zip

Email _____

Birthdate _____

Contact Information

Home Phone Number _____

Cell Phone _____

Employer _____

Work Phone _____

Spouse's Name _____

Spouse's Cell Phone _____

Spouse's Employer _____

Spouse's Work Phone _____

Medical & Dental Information

Insurance Company _____

Policy Number _____

Phone Number _____

Physician Name _____

Phone Number _____

Medical Issues? Yes No Please Explain: _____

Dentist Name _____

Phone Number _____

Registrar's Use Only

Cash Check # _____ Received by _____ Date _____ Time _____

Reg. Form EFC Liability

Please make checks payable to: **Extreme Fitness Club**