

FITNESS SCREENING GENERAL INFORMATION

Name _____

Parent's Name (For Minor Participant) _____

Date of Birth _____

Address 1 (Street) _____

Address 1 (City, State, Zip) _____

Address 2 (Street) _____

Address 2 (City, State, Zip) _____

Telephone 1: Home _____ Work _____

Telephone 2: _____

Physician _____

Physician's Phone _____

Who to contact in case of emergency _____

Emergency Contact Relationship _____

Emergency Contact Telephone _____

Parent/Guardian Signature: _____

Date: __/__/__

Email: _____