



Fitness Influence Exercise Registration Form

First Name _____ Last Name _____

Address _____

City _____

State _____

ZIP _____

Home Phone _____

Cell Phone _____

Email Address _____

Emergency Contact _____

Phone Number _____

Age _____ Date of Birth _____

Please tell us how you heard about our studio? _____

Have you exercised before? If so please describe.

Please list any injuries, surgeries, illnesses or other conditions the instructor should be aware of.

Are you pregnant, or is there a chance you could be pregnant? _____ Yes _____ No

If yes, What is your Due Date? _____ Doctors Name _____

To help us better serve you please describe below what you hope to gain from this exercise program?

Some instructors use hands on assistance in class. If you DO NOT want any adjustments or have certain areas of the body you do not want adjusted please indicate this below.
