



# NEW PARTICIPANT REGISTRATION FORM

NAME \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ MOBILE PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**Please select (circle) one answer below that best answers the following questions:**

- |  |           |      |      |      |
|--|-----------|------|------|------|
| 1. Do you have your doctor's approval to exercise?     |           |      | YES  | NO   |
| 2. What is the present state of your general health?   | VERY GOOD | GOOD | FAIR | POOR |
| 3. Please rate your general level of physical fitness: | VERY GOOD | GOOD | FAIR | POOR |

**In case of an emergency, please contact:**

NAME \_\_\_\_\_

RELATIONSHIP TO PARTICIPANT \_\_\_\_\_ PHONE \_\_\_\_\_

I am participating in the workouts Monday, Wednesday & Friday at:  6:30 am-7:15 am  7:30 am-8:15 am

**Select Payment option below:**

PayPal  Personal check (make payable to Workout on the Hill)  Cash

Payments made by check or cash will be collected on the first day of your workout.

**How did you learn about Workout on the Hill?**

- Referral
- Flyer
- Newspaper/Magazine
- Website (Internet Search)
- Other \_\_\_\_\_

**Thank you very much for your registration with Workout on the Hill!**

**PLEASE NOTE: Payment is required prior to working out, and there are no refunds. Please consider your schedule carefully when signing up; there are no carry-over workouts to a subsequent session. Sign up now, we don't want to miss you!**