

SOMERSET SPORTS AND FITNESS WELCOMES YOU!!!

How did you hear about us? _____

NAME: _____

EMAIL ADDRESS: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

DATE OF BIRTH: _____

IF UNDER THE AGE OF 18 YEARS, I HAVE ADULT CONSENT TO USE THE FACILITY.

SIGNATURE OF ADULT GIVING CONSENT: _____

EMERGENCY CONTACT: _____

RELATIONSHIP: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

DO YOU HAVE ANY HISTORY OF THE FOLLOWING? IF SO, PLEASE CIRCLE:

HEART DISEASE; HIGH BLOOD PRESSURE; HIGH CHOLESTEROL; DIABETES; ASTHMA; CANCER;
STROKE; ALLERGIES

DO YOU HAVE ANY ALLERGIES TO MEDICATIONS? IF SO, PLEASE LIST: _____

ARE YOU CURRENTLY TAKING ANY MEDICATIONS? IF SO, PLEASE LIST: _____
