[SPORTS CLUB NAME]  
[Address]

Fill out the form given below completely. Make sure all the information is correct to the best of your knowledge.

|  |  |  |
| --- | --- | --- |
| Date |  |  |
| First Name/Last Name |  |
| Address |  |
| City/STATE/Zip |  |
| Gender |  |
| Date of Birth |  |
| Email |  |
| Major illness |  |
| Allergies |  |
| Disability or level of injury |  |
| Physician/Clinic |  | [Name/contact] |

Emergency Contact Information

|  |  |  |
| --- | --- | --- |
| Relationship |  | Contact |
|  |  |
| 2- |  |
| 3- |  |
| 4- |  |
| 5- |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Office Use Only | | | | | |
|  | | | | | |
| Form# |  | Accepted |  | Date |  |
| Comment: |  | | | | |

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