

3 WINS *fitness*

REGISTRATION / REGISTRACION

Name/ Nombre

Phone/ Telefono

Date of Birth/ Fecha de nacimiento

Age/ Edad

Emergency Contact/ Contacto de emergencia

~~Phone/ Telefono~~ Email/ Correo electronico

How did you hear about the program?/ Como se entero del programa?

STAFF ONLY

Staff Name: _____

Date: _____

Location: _____

____ 3 WINS Fitness Registration

____ Consent Form

____ Height

Photo/Video:

____ Park Registration Form

____ Bill of Rights

____ Weight

YES

____ PAR-Q Form

____ Medical Consent

____ Blood Pressure

NO

Additional Notes:

Incomplete Registration

Complete Registration

Registration On Database