



**Core Connection Fitness
Personalized Fitness Training
Client Information**

Name: _____ DOB: _____

Address: _____ Home Phone: _____

_____ Work Phone: _____

_____ Cell Phone: _____

Emergency Contacts:

1. _____ Phone: _____

2. _____ Phone: _____

I have read and understand the rules on the previous page and agree to follow them as stated.

Signature: _____

Date: _____

Office use only

Client Name: _____
Last First