



# ATHLETE INFORMATION FORM

1737 Georgetown Rd, Suite F • Hudson, OH 44236 • 330-671-0814

Date: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Training Plan: _____
Start Date: _____, 20____
Exp. Date: _____, 20____
Payment: <input type="checkbox"/> Check <input type="checkbox"/> Credit <input type="checkbox"/> EFT <input type="checkbox"/> Cash
Notes:

Why are you joining SPC CF?

What are your fitness goals?

What is your fitness background?

Do you have any medical history? (Please explain)

Identify your strengths and weaknesses: