

PINNACLE SPORTS & FITNESS

Name		Date of Birth	Age
ID Number			
Address			
Home Phone		Cell Phone	
In case of Emergency please notify Name		Relationship	
Home phone		Cell Phone	
Medical Information			
Are you under the care of s physician, chiropractor or other health care professional for any reason Y/N if yes please list reason			
Are you taking any medications			
Type	Dosage / Frequency	Reason	
Please list any allergies			

Success is peace of mind which is a direct result of self satisfaction in knowing you made the effort to do the best that you are capable of

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