

GENERAL INTAKE FORM

Name _____ Today's Date _____

Email Address _____

Home Phone _____ Mobile _____

Home Address _____

City/Zip _____

Date of Birth _____ Age _____

Sport /Activity _____

EMERGENCY CONTACT INFORMATION

Name _____ Phone _____

Which programs are you interested / participating in?

Adult Fitness___ Massage___ SwingFit___ A.R.T.___ Rehabilitation___

Youth Fitness___ Vertimax___ Sport Camps___ Nutrition___ Yoga___

Pilates___ Circuit Training___

How did you hear about us? (Please Circle One) Friend Coach Web Other
Physician? _____

Office Use Only

Payment Type: CC C CH / Amount:

Type: CC#

Exp / 3 CVC

If paying by credit card, Please sign below to authorize a Kinetix Team member to charge your credit card for the above amount. _____ Date _____