



## CLIENT INFO

PLEASE PRINT CLEARLY

<b>Full Name:</b>		<b>Gender:</b>		
<b>Date of Birth:</b>	Month:	Day:	Year:	
<b>Address:</b>	Street:			
	City:			
	Province/State:	Postal Code:		
<b>Email:</b>		Doctor Name & Phone:		
<b>Phone:</b>	Home:		Parent/Guardian #1 name and phone:	
	Mobile:			
	Office:		Parent/Guardian #2 name and phone:	
<b>How did you hear about us:</b>				
<b>Choose and fill out your preference of training:</b>	<b>Sports Specific Training:</b>	Sport:	Team:	Level:
	<b>General Fitness:</b>	Health Maintenance <input type="checkbox"/> Improve Health & Fitness <input type="checkbox"/> Hardcore Fitness <input type="checkbox"/> Other:		
	<b>Injuries Retraining:</b>	Injury:	Severity:	
<b>Client Goals:</b>		<b>Trainer Goals (to be completed by trainer):</b>		
Short Term:		Short Term:		
Long Term:		Long Term:		
To ensure effective program and personal results, clients must maintain a consistent and active workout routine while training at JK Fitness and on their own.				

