

Registration for Endurance Health and Fitness Coached Workouts 2013

Name:

Phone Number:

Email:

Address:

Age as of January 1st, 2013 (must be 19years to participate):

Current TRIBC member #

Are you training for a particular event?

Medical Clearance:

Do you have any medical condition that your doctor has diagnosed and therefore you should only do activity outlined by him/her? YES/NO

If yes, please have medical clearance from doctor in writing before start of coached workouts

Do you have any allergies or medications that we need to be made aware of?

Please list:

Emergency contact person:

Emergency contact Phone number:

Signature:

Date signed:

Please bring completed registration form to your first coached workout unless other arrangements have been made

Endurance Health and Fitness Ltd.
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