

2017 Registration for Endurance Health and Fitness Club

Name:

Phone Number:

Email:

Address:

Age as of December 31st, 2017

TRIBC member # if known – must hold a valid TRIBC membership to participate

Are you training for any particular event(s)?

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:

Please Check Membership Status:

- Punch pass**
- Basic**
- Annual**
- Coached Athlete Package**

Signature:

Date signed:

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

Endurance Health and Fitness Ltd.
2500 30th Ave, Vernon BC. V1T 2B3
250-550-0521
melspooner@shaw.ca



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