

Client Data Questionnaire

This information will help us to track your progress with our facility. Please answer each of these questions as accurately as you can. Should you have any questions, feel free to ask. Your responses will be treated in a confidential manner.

Today's Date: ____ / ____ / ____ Your Name: _____

Facility ID: N/A

Sex: Male Female (Circle one)

Date of Birth: ____ / ____ / ____

(please note - all individuals under 18 years old MUST be accompanied by an adult member when in the gym.)

Address: _____

City: _____ State: _____

Zip: _____

Home Phone: _____ Day Ph: _____ Mobile: _____

Email Address: _____

Emergency Contact: _____ Phone: _____

Doctor: _____ Phone: _____

PrimeTime Fitness issues a monthly newsletter via e-mail with fitness tips, PrimeTime happenings, and local fitness events. Do you wish to receive such e-mails (circle one)?

YES NO

How did you hear about PrimeTime Fitness? _____

I have read, understand, and agree to attempt to abide by the PrimeTime Fitness suggestions for Gym Etiquette.

Signature