

## Training Registration Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

School Attended: \_\_\_\_\_ Club (VFX, RFC, etc.) \_\_\_\_\_

Grade in School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sports Played (currently):

\_\_\_\_\_  
\_\_\_\_\_

Previous Training Experience:

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact:**

Name \_\_\_\_\_

Relation \_\_\_\_\_

Phone Number \_\_\_\_\_

Alternate Phone Number \_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

Past Medical History (cardiac, seizures, breathing, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Past Injuries:

\_\_\_\_\_  
\_\_\_\_\_