









Client information

	Name	
	Date of Birth	
	Address	
	Phone Number	
	Email	

	<p>Emergency Contact Name</p>	
	<p>Emergency Contact Number</p>	
	<p>Medical Conditions</p>	
	<p>Medications</p>	
	<p>Goals</p>	

	I have told the truth	
	I know my information will be kept safe	
	If anything changes, I will tell my coach	

- ☐ Signed by client
- ☐ Signed on behalf of client (Name and relationship to client) _____

Signature:

Date: