



REGISTRATION FORM 2018

FIRST NAME:	LAST NAME:
GRADE / AGE	
LIST YOUR PRIMARY FITNESS GOAL	
PRIMARY SPORT	
PARENT'S FIRST AND LAST NAME	
EMERGENCY CONTACT NAME & NUMBER	
ATHLETE'S PHONE NUMBER	
PAYMENT TYPE (CASH, CHECK, CREDIT CARD)	
TEE SHIRT SIZE: SHIRT STYLE: MALE OR FEMALE	
MEDICATIONS OR ALLERGIES YOUR TRAINER NEEDS TO BE AWARE OF:	
IN CASE MEDICAL TREATMENT IS NEEDED, LIST HOSPITAL PREFERENCE	

I understand that www.fightingdragonspa.com site will have up to date current information on schedule change and additional information.

CONSENTING ADULT: PRINT NAME _____ SIGNATURE _____