



Beverly Hills Los Angeles Hollywood

L.A. Star Fitness

Your Personal Training Group

www.LAStarFitness.com

PERSONAL INFORMATION

NAME: (print) _____ AGE: _____

SEX: (circle) Male / Female DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

HOME PHONE NUMBER: _____

WORK PHONE NUMBER: _____

CELL PHONE NUMBER: _____

PAGER NUMBER: _____

EMAIL ADDRESS: _____

PERSON TO CONTACT IN CASE OF AN EMERGENCY

NAME: (print) _____

RELATIONSHIP: _____

HOME PHONE NUMBER: _____

WORK PHONE NUMBER: _____

CELL PHONE NUMBER: _____

PAGER NUMBER: _____