



Lion's Den Power House Gym, LLC
Student Profile

Today's date: _____

Name: _____ D.O.B.: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alt. phone: _____

Email: _____

Employer: _____ Occupation: _____

Spouse's name: _____ Spouse's birthday: _____

Children's name(s) and ages: _____

Physician's name and phone: _____

Physician's fax: _____ Called on doctor yet? __ Y __ N

Do you have personal release to fax physician? __ Y __ N

Name and phone of person to call in case of emergency: _____

Current medications: _____

Current supplements: _____

Additional notes: _____
