



THE SPORTS PERFORMANCE CENTER

510 Towne Drive
Fayetteville, NY 13066

315.663.0041 (phone)
315.637.6711 (fax)

Please complete **all** information below.

Name: _____ Date: _____
First Last Middle

Preferred Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ @ _____ . _____

Home phone: _____ Work phone: _____

Cell phone: _____ Emergency Phone: _____

Emergency Contact's Name: _____

Date of Birth: ____/____/____

INTERESTS:

- Golf
- Personal Training
- Soccer
- Tennis
- Weight Loss
- Wrestling
- Swimming
- Strengthening
- Other _____

Trainer requested: _____ How did you hear about us?: _____

Responsible Party: _____ Phone: _____

Preferred Method of Periodic Payment: Bank Draft Credit Card Draft

Bank Account #: _____ Name of Bank: _____

Bank Routing #: _____ Checking Savings

Credit Card #: _____ V-Code: _____ Expires (mm/yyyy): _____

Mastercard Visa

If under 18 years old, Parent/Guardian's name: _____

Parent/Guardian address, if different: _____

Signature *Date*

Parent/Guardian Signature *Date*

For Office Use Only:

Join Date: _____ *Effective Date:* _____ *Expiration Date:* _____