



917-929-5920

www.wellbodyfit.com

Name: _____ Date: _____

Address: _____

Telephone: (Home) _____
(Mobile) _____

Email address: _____

Date of Birth: _____

Physician's Name: _____

Phone: _____

Emergency Contact: _____

Phone: _____

Relationship: _____

Policies:

- Sessions will start at scheduled time and end at scheduled time. If you, the client, arrives late, session will still end on time.
- Cancellation: confirmed 24 hours notice
- Rescheduling: Should you, the client, wish to reschedule an appointment, I will do my best to accommodate your request. Should I be unable to find an alternative time slot, and the request is placed less than 24 hours prior to the appointment, you, the client will be charged for the appointment.

Client Signature: _____ Date: _____

Trainer Signature: _____ Date: _____