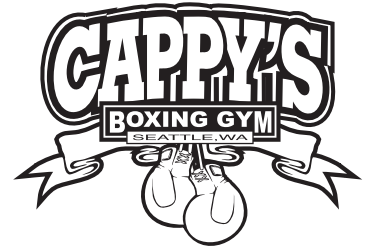


Information Sheet

1408 22nd • Seattle, WA 98122 • 206.322.6410

www.cappysgym.com



(please print)

Date: _____

Name: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Age: _____ Occupation: _____



How did you hear about Cappy's Boxing Gym? _____

Do you exercise regularly? _____ Please describe: _____

Are you under the care of a doctor or other practitioner? _____

Explain why: _____

Have you ever dislocated a joint? _____ Which one? _____

Are there any medical conditions or physical limitations you have that we should know about?



PERSON TO NOTIFY IN CASE OF AN EMERGENCY:

Name: _____ Phone: _____

City: _____ State: _____ Zip: _____

Relationship: _____