



# Aerobic and Body Combat Fitness Training



*Please fill out the form below to register for our Aerobic Training program*

## 1. Participant Information

- **Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_
- **Gender:** ☐ Male ☐ Female ☐ Other
- **Present Address:**  
(Town/village) \_\_\_\_\_ (Gewog) \_\_\_\_\_ (Dzongkhag) \_\_\_\_\_
- **Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

## 2. Emergency Contact Information

- **Emergency Contact Name:** \_\_\_\_\_ **Relationship to Participant:** \_\_\_\_\_
- **Emergency Contact Phone Number:** \_\_\_\_\_

## 3. Health & Fitness Information

- **Current Fitness Level:**  
☐ Beginner ☐ Intermediate ☐ Advanced
- **Do you have any medical conditions or physical limitations that might affect your participation?**  
☐ Yes ☐ No  
If yes, please specify: \_\_\_\_\_
- **Are you currently taking any medications?**  
☐ Yes ☐ No  
If yes, please list them: \_\_\_\_\_

## Training Preferences

- **Preferred Training Schedule:**  
☐ Morning (6:00 AM - 8:00 AM) ☐ Afternoon (12:00 PM - 2:00 PM)  
☐ Evening (5:00 PM - 7:00 PM)
- **Session Type:**  
☐ Individual  
☐ Group



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- **How did you hear about our Aerobic Training Program?**

- ☐ Website
  - ☐ Social Media
  - ☐ Friend/Family
  - ☐ Other (please specify): \_\_\_\_\_
- 

## Consent & Waiver

By signing below, I confirm that the information provided is accurate and complete. I understand the risks involved in aerobic training and agree to participate at my own risk. I also acknowledge that the program instructors are not responsible for any injury, illness, or medical conditions that may occur as a result of my participation.

- **Signature:** \_\_\_\_\_
  - **Date:** \_\_\_\_\_
- 

*Thank you for registering! We look forward to helping you achieve your fitness goals.*

## For Office Use Only:

Date Received: \_\_\_\_\_

Trainer Assigned: \_\_\_\_\_

Session Start Date: \_\_\_\_\_

\*\*\*\*\*

*Thank you!*