



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!