



APPLYING SCIENCE TO YOUR GAME

# CLIENT INFORMATION SHEET

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Emergency Contact Name and Phone: \_\_\_\_\_

List all Injuries, Medical Problems and Concerns we should be aware of:

---



---



---

If you are 15 years of age or older fill out the Par-Q (separate page) otherwise continue with the next question.

Have you been cleared by your physician to participate in physical activity?

YES / NO (circle one) If NO explain your restrictions:

Athletic activity(ies): \_\_\_\_\_

Position(s) on team(s): \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: M / F Handedness: Left / Right

List the goals you want to achieve while attending RXN Athletics:

---



---



---

### IN YOUR NEIGHBORHOOD

2270 Joe Battle Blvd. Suite T  
 El Paso, TX 79938  
 Tel: (915) 857-7588



[facebook.com/RXNathletics](https://www.facebook.com/RXNathletics)  
 #RXNATHLETICS

### How did you hear about RXN Athletics?

- Referral
- Advertisement
- Website
- Facebook
- Walk In
- Other \_\_\_\_\_