

FITNESS & TRAINING WITH DESI BANKS

SIGN-UP FORM

PARTICIPANT INFORMATION

Full Name:

Date of Birth:

Gender (M/F/Prefer not to say):

Phone Number:

Email Address:

Emergency Contact Name:

Emergency Contact Phone:

HEALTH & FITNESS INFORMATION

Current medical conditions (Yes/No):

If yes, please specify:

Are you currently taking any medication? (Yes/No):

Do you have any injuries or physical limitations? (Yes/No):

Are you pregnant or planning to become pregnant? (Yes/No):

Fitness Level (Beginner/Intermediate/Advanced):

WORKOUT PREFERENCES

Goals (Strength, Weight Loss, Muscle Building, Endurance, General Fitness):

Preferred Training Style (Group/One-on-One/Mix):

EVENT AGREEMENT & WAIVER

I understand that participating in this training involves physical activity that may carry risk of injury.

I release and hold harmless Desi Banks, event organizers, and staff from any liability for injury or loss that may occur.

I confirm that I am physically capable of participating in this fitness event.

Signature:

Date: