

# REGISTRATION

## FITNESS CLASSES AT THE VIRGINIAN

PLEASE RETURN THE COMPLETED PACKET TO THE FRONT DESK

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

How did you hear of the exercise/fitness opportunity at The Virginian?

\_\_\_\_\_  
\_\_\_\_\_

Were you referred for the Parkinson Wellness programs? \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

EMERGENCY CONTACT PHONE: \_\_\_\_\_

VEHICLE LICENSE: \_\_\_\_\_

PHYSICIAN'S NAME: \_\_\_\_\_

PHYSICIAN'S PHONE: \_\_\_\_\_

DATE TURNED IN TO FRONT DESK: \_\_\_\_\_

BACKGROUND CHECK: \_\_\_\_\_ STAFF INITIALS \_\_\_\_\_

**PLEASE NOTE: NON-RESIDENTS ATTENDING FITNESS CLASSES MUST BE 65 YEARS OR OLDER UNLESS MEMBER OF PFNCA.**