

# Individual Fitness Program Registration Form

Name \_\_\_\_\_ Check One:  Student OR  Employee or Spouse Total Enclosed: \_\_\_\_\_

Email \_\_\_\_\_ Ext \_\_\_\_\_

## Program of Interest:

- Body Fat Testing** *(no additional paperwork necessary)*
  - Single Assessment
  - Two Assessments in same semester
- Equipment Orientation** *(complete section A, B and E of Health & Medical History Questionnaire Form.)* **FREE**
- Exercise Prescription** *(complete ALL sections of Health & Medical History Questionnaire Form.)* **FREE**
- Fit Start Program** *(complete ALL sections of Health & Medical History Questionnaire Form.)*
- Fitness Assessment** *(complete ALL sections of Health & Medical History Questionnaire Form.)*
- Personal Training Program** *(complete ALL sections of Health & Medical History Questionnaire Form.)*
  - Three Session Package
  - Five Session Package
  - Ten Session Package
- Personal Training "Buddy" Program** *(complete ALL sections of Health & Medical History Questionnaire Form.)*
  - Three Session Package
  - Five Session Package
  - Name of Buddy \_\_\_\_\_

*Please enclose the required paperwork (listed above) and this registration form along with payment, if necessary, (checks payable to "Lafayette College") in an envelope and return to 134A Kirby Sports Center. Do not send cash through campus mail.*

*Expect to receive an e-mail or call to set up your first appointment..*

