



CLIENT INFORMATION				
Last name:	First:	Middle:	Birth date: / /	Age:
Street address:		Cell Phone no.: (if applicable): ()	Home phone # ()	
City:		State:	ZIP Code:	
Email:				
Chose Elite because/Referred to Elite by (please check one box):				
<input type="checkbox"/> Family		<input type="checkbox"/> Friend		<input type="checkbox"/> Dr. _____
<input type="checkbox"/> Close to home/work		<input type="checkbox"/> Internet search		<input type="checkbox"/> Other
<input type="checkbox"/> Coach/Golf Pro				

Medication Information, Allergies or Past Medical History that we should be aware of in case of an emergency:

Previous Surgeries or major injuries:

Primary Care Physician: Name _____

Emergency Contact: Name _____ **Phone:** _____

The above information is true to the best of my knowledge. I understand that I am financially responsible to pay any balance to Elite Golf and Running Performance by the end of my session.

Client/guardian Signature

Date