

Fit2Be Group Exercise Program Sign-Up Sheet

Name: _____ Occupation: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Number: _____

E-mail Address: _____

Start Date: _____

End Date: _____

Class/Number of Sessions/Day(s): _____

Last Physical: _____

Are you currently taking any medications?

_____ (If you have not had a physical exam within the last year/or currently taking medication for hypertension, high cholesterol, etc. It is important that you get a Medical Clearance filled out by your Physician).

I hereby certified that I have no medical conditions that will limit my participation within the Group Exercise Program.

Sign _____

Date _____

May we send you information about up and coming classes, events & specials? _____

Would you be interested in Fit2Be hosting a fitness event or class at your home or organization you are affiliated with/church or employer? If, so please list _____



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