

ANDOVER TOWNSHIP EXERCISE CLASS

134 Newton-Sparta Road

Newton, NJ 07860

NAME _____

ADDRESS _____

HOME NUMBER _____

CELL NUMBER _____

EMAIL ADDRESS _____

EMERGENCY CONTACT _____

PHONE NUMBER(S) _____

FAMILY DOCTOR _____

PHONE NUMBER _____

Is your physician aware that you are beginning (or continuing) an exercise program?

YES _____ NO _____

SIGNATURE

DATE