



Stringer and Associates, Inc.



Registration Form Please print

COURSE: _____ DATE: _____

NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMPLOYER: _____

HOME PHONE: () ____ - _____ OFFICE PHONE: () ____ - _____

SEX: ___ DATE OF BIRTH: _____ AGE: ___ HEIGHT: _____ WEIGHT: _____

ARE YOU ON ANY MEDICATION? : _____ MEDS.: _____

HEALTH PROBLEMS? : _____
Briefly describe any health problems: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? YES NO
IF YES EXPLAIN:

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name: _____ Relationship: _____

Phone () ____ - _____ Alternate Phone () ____ - _____

Signature: _____ Today's Date: _____