



## NEW CLIENT REGISTRATION

*PLEASE PRINT*

CLIENT INFORMATION					
LAST NAME	FIRST NAME	MI	DOB	SOCIAL SECURITY	SEX
MARITAL STATUS Single () Married () Other ()	IS THIS YOUR FIRST STAY FIT CLASS?			EMAIL ADDRESS	
Are you? Employed () Student ()	EMPLOYER/SCHOOL NAME		TITLE/POSITION		
HOME ADDRESS	CITY	STATE	ZIP CODE	DAYTIME PHONE	CELL PHONE
IN CASE OF EMERGENCY					
LAST NAME		FIRST NAME			MI
ADDRESS		CITY	STATE	ZIP CODE	
HOME PHONE	WORK PHONE			CELL PHONE	
RELATIONSHIP	EMAIL ADDRESS				
PLEASE READ THE FOLLOWING					
<p>I ACCEPT RESPONSIBILITY FOR THE PRINCIPLE AMOUNT OWING AS WELL AS ALL REASONABLE COSTS AND ADDITIONAL LEGAL FEES ASSOCIATED WITH THE RECOVERY OF THIS DEBT. INTEREST MAY BE CHARGED AT A RATE OF 1.5% PER MONTH (18% ANNUALLY) FOR UNPAID BALANCES OVER 30 DAYS OLD. I UNDERSTAND THAT A FEE OF \$40.00 WILL BE ASSESSED FOR ANY CHECK RETURNED UNPAID. I HEREBY AUTHORIZE STAY FIT PHYSICAL THERAPY TO RELEASE ANY INFORMATION NECESSARY TO SECURE THE PAYMENT OF SAID BENEFITS. A COPY OF THIS ASSIGNMENT SHALL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL. THIS CONSENT IS INTENDED AS A WAIVER OF LIABILITY FOR SUCH TREATMENT EXCEPTING ACTS OF NEGLIGENCE.</p>					
SIGNATURE			DATE		