



**PIONEER TRAINING**  
Fitness-Advantages-Boot Camps

**PIONEER TRAINING REGISTRATION FORM**

**Personal Information**

Title:	First Name:	Surname:	
Date of Birth:		Age:	
Postal Address:		Postcode:	
Phone	H:	W:	M:
E-mail:			
Preferred method of contact: <input type="checkbox"/> Letter <input type="checkbox"/> Phone <input type="checkbox"/> E-mail			
Emergency Contact 1	Name:	Relationship:	Phone:
Emergency Contact 2	Name:	Relationship:	Phone:

<p>I am enrolling in the following activity</p> <p>Personal Training <input type="checkbox"/> - for 30 min <input type="checkbox"/> for 45 min <input type="checkbox"/> for 60 min <input type="checkbox"/></p> <p>Group Exercise <input type="checkbox"/></p> <p>4 Week Boot Camp / 2 sessions per week <input type="checkbox"/></p> <p>8 Week Boot Camp / 3 sessions per week <input type="checkbox"/></p> <p>Super Circuits / 2 per week <input type="checkbox"/></p> <p>I have paid prior to and in full, the amount of:..... cash / cheque/Bank transfer (Circle)</p> <p>What is your main goal out of attending your training:</p> <p>Do you have a set date to achieve this goal:</p> <p>How did you find out about Pioneer Training:</p>
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**I Warrant that all the information provided is true and correct. If any of the above details change I will advise Pioneer Training in writing.**

**Signature**..... **Name**:..... **Date**.../.../....

**Consent** (Where the applicant is under 18 years of age this Agreement must also be signed by the applicant's parent or legal guardian.

I,....., am **the parent or guardian** of.....(Applicant)

<b>Signature:</b>	<b>Name:</b>	<b>Date:</b>
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Office only --- contacts  Birthday  Email address  Emergency and Conditions