

New Client Profile and Registration Sheet

Please fill out the information below to complete your registration. This sheet is formatted for printing and record-keeping.

1. Personal Information

First Name: <input type="text"/>	Last Name: <input type="text"/>
Date of Birth (MM/DD/YYYY): <input type="text"/>	Gender / Pronouns: <input type="text"/>
Street Address: <input type="text"/>	
City: <input type="text"/>	State: <input type="text"/> Zip Code: <input type="text"/>
Phone Number: <input type="text"/>	Email Address: <input type="text"/>

2. Emergency Contact Information

Emergency Contact Full Name: <input type="text"/>	Relationship to Client: <input type="text"/>
Emergency Contact Phone Number: <input type="text"/>	

3. Registration Details

Registration Date (MM/DD/YYYY): <input type="text"/>	How did you hear about us? <input type="text"/>
Special Notes / Medical Concerns / Remarks: <input type="text"/>	

Client Signature (or Parent/Guardian if minor):

Date: