

Fitness Center Visitor Emergency Contact Form

Please print and complete this form. This information will be kept on file and only accessed in the event of an emergency.

Visitor Information

Full Name:

Phone Number: Email Address:

Date of Birth:

Primary Emergency Contact

Contact Name:

Relationship to Visitor:

Primary Phone Number: Alternative Phone Number:

Secondary Emergency Contact (Optional)

Contact Name:

Relationship to Visitor:

Primary Phone Number:

Medical Information (Optional)

Allergies or Medical Conditions:

Preferred Hospital:

Authorization and Signature

I authorize the fitness center staff to contact the individuals listed above in the event of a medical emergency.

Visitor Signature:

Date: