

2025 Registration for Endurance Health and Fitness Club

Name:

Phone Number:

Email:

Address:

Age as of December 31st, 2025

TRIBC member # if known –

Are you training for any particular event(s)?

Medical Clearance:

Do you have any medical condition that your doctor has diagnosed and therefore you should only do activity outlined by him/her? YES/NO

If yes, please have medical clearance from doctor in writing before start of coached workouts

Do you have any allergies or medications that we need to be made aware of?

Please list:

Emergency contact person:

Emergency contact Phone number:

Signature:

Date signed:

Endurance Health and Fitness Ltd.
2800 26th Ave, Vernon BC. V1T 4T7
250-550-0521
melspooner@shaw.ca



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