

HHT FITNESS Information Registry



Name: _____

Sex: _____

Age: _____

weight: _____

Contact Number: _____

Email: _____

Address: _____

Health Issues-Injuries: _____

Type of Training: _____

Fitness Goals: _____

How Motivated are you? _____

Currently taking any supplements? _____

How is your diet?? _____

Type of
payment?? _____

Comment-Questions?