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INFORMATION SHEET

6265 Sepulveda Blvd #7 Van Nuys California 91411

Please Print



Date:

Name:..... **Email:**.....

Address:.....

City:..... **State**..... **Zip**.....

Cell Phone:

Age:..... **Occupation:**.....

Signature: **Date:**

Email:

How did you hear about us?

.....

Do you exercise regularly?.....

Please describe:

Are you under the care of a doctor or another practitioner?

.....

Explain why?

.....

Have you ever dislocated a joint?Which one?

Are there any medical conditions or physical limitations you have that we should know about?

.....

.....

Person to notify in case of emergency

Name: **Phone:**

Relationship:

Sincerely,
Flash Boxing Gym