



REGISTRATION FORM

Today's date:		Please carefully print and complete all areas of this form.				
PATIENT INFORMATION						
Student's last name:		First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital status (circle one): Single Married Divorced Separated Widowed
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal name?	(Former name):	Birth date: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Street address:				Home phone number: ()		
Email address:	City:	State:	ZIP Code:			
Profession:	Employer:	Work phone number: ()				
Referred to ECR-One or TSKI by (please check one box):		<input type="checkbox"/> Search Engine	<input type="checkbox"/> learnutopia.com			
<input type="checkbox"/> Family	<input type="checkbox"/> Friend	<input type="checkbox"/> Close to home/work	<input type="checkbox"/> Online advertisement	<input type="checkbox"/> Other		
Family members or friends seen here:						

MEDICAL INFORMATION	
Are you allergic to any medication (aspirin, penicillin, sulfa, etc.)? If so, please indicate the medications. If not, leave blank.	
Do you take any prescribed medication on a semi-permanent or permanent basis?	
Do you have a seizure disorder (epilepsy)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been found to be anemic (low blood count)? <input type="checkbox"/> Yes OR <input type="checkbox"/> No	
Do you have high blood pressure (hypertension)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have other physical conditions, which cause you pain?	

IN CASE OF EMERGENCY			
Name of relative or friend:	Relationship to client:	Home phone # ()	Work phone # ()
Street address / City / State / Zip Code:			
The above information is true to the best of my knowledge.			
X _____		/ / _____	
Client/Guardian Signature		Date	

(over, please)

ECR-One and **TSKI** is committed to protecting our clients' information. Any information provided **ECR-One** and **TSKI** is treated as strictly confidential and *will not* be shared with the public (without your consent). We maintain practices designed to ensure the security, integrity, and confidentiality of your information. We restrict access to your nonpublic personal information to those employees who need access to that information to provide goods and services to you.

PAYMENT INFORMATION

Please double check your information for accuracy.

Name as shown on credit card:	Birth date: / /	Billing Address (if different):	Home phone number: ()
Please check method of payment:			
<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> American Express	<input type="checkbox"/> e-Check
<input type="checkbox"/> Money Order	<input type="checkbox"/> Other - Please indicate:		
Credit card number:	Expiration date: / /	(On back of VISA/MC card) 3-digit Security Code:	(On front of AMEX card) 4-digit Security Code:
I understand that I am financially responsible for my incurred expenses. I authorize ECR-One or TSKI to use the information above to bill me for their services:			
X		/ /	
Sign name above. Print name here:		Date	
Personal checks and money orders are made payable to:		ECR-One and TSKI - 1757 Springfield Ave., Maplewood, NJ 07040	

RELEASE

This release is entered into between _____, the Undersigned, and Lonnie K. Jones. The purpose of **ECR-One** and **TSKI** is to provide educational and/or fitness (exercise) instruction. The Undersigned hereby acknowledge that the following was explained to them and/or agrees to the following:

1. Acknowledges that Lonnie K. Jones (and his personnel) is not a physician and is not trained in any way to provide medical diagnosis, medical treatment, psychotherapy, or any other type of medical advice.
2. Acknowledges that fitness training is another tool for teaching individuals about themselves and, but that Lonnie K. Jones (and his personnel) does not guarantee neither good nor bad will occur nor guarantees the coaching instruction given by Lonnie K. Jones (and his personnel) will produce good nor bad results.
3. Acknowledges that Lonnie K. Jones (and his personnel) may suggest exercise as part of my fitness (exercise) instruction. I further assume the risks of participating in these types of events/ activities that they are medically capable, and they have a regular medical physician they can contact regarding any medical problems that they might develop. The Undersigned expressly waive, release, discharge, and agree not to sue (from any liability of death, disability, personal injury, or action of any kind) Lonnie K. Jones (and his personnel) for the Undersigned participating in said fitness events and/or training for said fitness activities.
4. The Undersigned agree that this is full agreement between the parties, that Lonnie K. Jones (and his personnel) nor anyone else has not verbally contradicted any of the terms of this release and that the Undersigned has entered into this agreement freely and voluntarily without force or coercion.
5. The Undersigned also agrees to hold harmless, the **ECR-One** and **TSKI** instructors.

I, _____, agree to all of the information outlined in the above release.

Printed Student/Guardian Name

X _____ / / _____
Client/Guardian Signature
Date