



Athlete Development Program

Registration Form

Name:	Medicare #:
Date of birth: / /	E-mail:
Address:	Postal code:
Sports you wish to train for:	
Team in 2024-2025:	Category:
Height:	Weight:
Name of father:	Phone #:
Name of mother:	Phone #:
Emergency contact person (1):	Phone #:
Emergency contact person (2):	Phone #:
Special Medical Needs (allergies) and/or medical restrictions:	

Along with your registration form, please enclose your full payment if paying by cheque or send e-transfer @ bizzfitness.ca@gmail.com to confirm your registration. **Cheque to be made payable to FitKids.**

Please send your application to BizzFitness, 594 Maple Street, Fredericton, NB, E3A 3R9 or drop it off at BizzFitness at 688 Prospect. BizzFitness will not be held liable for any injury or loss of property of a participant for the duration of the program. Upon registration of an athlete, the parent and/or guardian releases BizzFitness, its staff and directors from responsibility and claims resulting from any loss or damage. Participants may be held responsible for the destruction or loss of any property.

Name of participant (print) _____ Date: ____/____/____

Parents/Guardian signature (if applicable): _____



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Athlete Questionnaire – Fitness Goals

What areas of your fitness are you looking to improve (fitness goals):

What do you feel is your greatest physical strength:

What area do you feel require the most amount of focus:

How often will you be training on average per week:

1 time

2 times

3 times

4 times

On average how much time will you be able to be in the gym for each session:

45 min.

60 min.

75 min.

Have you ever followed a program designed specifically for you?