

ADULT REGISTRATION FORM

ELKIN RECREATION CENTER

ELKIN RECREATION & PARKS DEPARTMENT

399 HWY 268W PO BOX 345 ELKIN, NC 28621 PH: 336.794.6478 #1 FAX: 336.794.6494

**Please complete the form and bring to the Elkin Recreation Center upon fitness registration.
Copy of NCDL or other government issued identification will be required.**

Full Name _____ Age _____

Date of Birth _____ Gender Male _____
Female _____

Residential Address _____ City _____

State _____ Zip Code _____

E-mail _____ Home Phone _____

Mobile Phone _____

Do you live within the Town Limits of Elkin? Yes _____ No _____
Do you pay Taxes to the Town of Elkin? Yes _____ No _____

Do you have water service through the Town of Elkin? Yes _____ No _____

Generic Fitness Medical History Questionnaire

Please indicate in the space provided if you have a history of the following:

Heart Attack?	Yes _____ No _____	High Blood Pressure?	Yes _____ No _____
Chest discomfort with physical exertion?	Yes _____ No _____	Bypass or Cardiac Surgery?	Yes _____ No _____
Rapid or runaway heartbeat?	Yes _____ No _____	Skipping heartbeat?	Yes _____ No _____
Rheumatic Fever?	Yes _____ No _____	Phlebitis or Embolism?	Yes _____ No _____

