



Date: _____

Number: _____

Name: _____
(First) (Last) (MI)

Address: _____
(City) (State) (Zip)

Phone: _____

Email: _____

Age: _____

Sex: M _____ F _____

Ht: _____ Wt: _____ BMI: _____ %Body Fat _____

BP: _____ BS: _____ Chol: _____ Goal: _____

I, _____, hereby give the Victoria Parks and Recreation Department permission to display my name on the Get Fit Victoria website to publicly monitor my progress. I understand that my name and progress will be public information.

Signature

Date

476 McCright Dr. Victoria, TX 77901
Phone: 361-485-3200
Fax: 361-485-3212