

Trainer Registration Form (please print legibly)



Last Name: _____ First Name: _____ MI: _____

Other names/Maiden Name: _____ Date of Birth: _____ Sex: _____

Social Security Number (only if you are seeking employment with ME): _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Employer/School: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Fax Number: _____ Email Address: _____

Business Name: _____

Business Address: _____

Emergency Contact: _____ Contact's Phone #: _____

Emergency Contact is my: (specify relationship) _____

Professional Certifications/Degrees: _____

CPR (yes/no)? _____

Payment information:

Check (enclosed and payable to Metabolic Effect) or Credit Card (enter info below)

Card Info: Name on card (If different from above) _____

(circle one) Visa MC #: _____

Exp: _____

Are you interested in becoming an ME independent contractor or offering ME in your fitness center or clinic?

YES _____ NO _____

Are you interested in other certifications offered through ME? If so, please check which ones?

Personal trainer cert _____ Group Personal Trainer Indoor _____ Group Personal Trainer Outdoor _____

Masters Level Instructor Training --- _____