



## First Visit Registration Form

**Welcome to JL CORE!**  
**Please complete all required fields below:**

**Date:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Date of Birth (mm/dd/yyyy):** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**Address:** \_\_\_\_\_

**City / Province:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_

**Mobile Phone:** ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Home Phone:** ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**EMERGENCY CONTACT INFO:**

**Emergency Contact:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Phone Number:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

It is compulsory that you print, complete and sign the PAR-Q questionnaire, found on "FORMS" on our web-site, with JL prior to taking part in any classes or services JL Core offers.