

Therapeutic Services Registration Form

Dear [Client's Name],

Welcome to [Fitness Center Name]! We are excited to have you join our therapeutic services program.

Registration Details

Please fill out the following details:

First Name:

Last Name:

Date of Birth:

Contact Number:

Email Address:

Select Therapeutic Services:

Yoga Therapy Rehabilitation Massage Therapy Pilates

We look forward to supporting you on your wellness journey!

Sincerely,
[Fitness Center Team]