



## CHANGE OF INFORMATION

**PAYER:** *(please print)*

\_\_\_\_\_  
Last Name                      Middle Initial                      First                      Date of Birth

**PARTICIPANT:** *(if different from above)*

\_\_\_\_\_  
Last Name                      Middle Initial                      First                      Date of Birth

**WORKOUT GROUP:** \_\_\_\_\_

\_\_\_\_\_  
Street Address                      Apt. #                      City                      State                      Zip

**PARTICIPANT EMAIL:** \_\_\_\_\_ **CELL/HOME PHONE:** (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Mother's Name *(if participant is under 18)*                      Mother's Email                      (\_\_\_\_) \_\_\_\_\_  
Mother's Cell Phone

\_\_\_\_\_  
Father's Name *(if participant is under 18)*                      Father's Email                      (\_\_\_\_) \_\_\_\_\_  
Father's Cell Phone

**EMERGENCY CONTACT:**

\_\_\_\_\_  
Name                      (\_\_\_\_) \_\_\_\_\_  
Cell / Home Phone                      Relationship to Participant

**SIGNATURE:** Participant/Participant's Parent/Guardian                      Print Name                      Date

**Completed forms can be submitted via:**

1. Scanned and Emailed to: [jstafford@fortlauderdale.gov](mailto:jstafford@fortlauderdale.gov)
2. Scanned and Emailed to: [dthompson@fortlauderdale.gov](mailto:dthompson@fortlauderdale.gov)