



Miramont Lifestyle Fitness Non-Member (Guest) Account Set-Up Form

Child's First Name: _____

Child's Last Name: _____

Child's Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Parent's Email Address: _____

Parent's Home Phone Number: _____

Parent's Cell Phone Number: _____

Parents' Work Number: _____

Name of Emergency Contact: _____

Phone Number: _____

Additional Children

Child's First Name: _____

Child's Last Name: _____

Child's Date of Birth: _____

Child's First Name: _____

Child's Last Name: _____

Child's Date of Birth: _____

Child's First Name: _____

Child's Last Name: _____

Child's Date of Birth: _____

Team Member Use Only

Team Member Name: _____ Date Form Received: _____

Date Account Created: _____ Team Member Signature: _____



Once you have completed the Guest Registration Form, submit your information by clicking the submit button below or by e-mailing it directly to cpayne@miramontlifestyle.com.

