



KP Thrive Team Member Profile

Participant Information			
Please PRINT clearly		Last	First M.I.
Phone numbers:	Main ()	Alternate ()	
Preferred e-mail Address	Please PRINT clearly :		
Occupation (if Kaiser physician or employee)	Title:	Facility:	Department:
Not Kaiser Permanente Employee	(circle one) Family or Friend		

Emergency Contact Information	
Full Name:	Relationship:
Phone Number:	Main () Alternate ()

Getting to Know You	
What are your training goals? (ie: first 5K, improve time, bike a century, hike Mt. Whitney, socialize, general fitness, stress management, lose weight, etc)	

Signature

Date

Fax to Cathy Reuter
Health Education Dept
(916) 977-3080