

# CORE FIT BOOT CAMP

## REGISTRATION FORM

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

### MEDICAL HISTORY

1. Are you allergic to any medication?  NO  YES

If Yes, Explain \_\_\_\_\_

2. Do you wear glasses or contact lenses?  NO  YES

3. Do take any prescribed medication on a permanent or semi-permanent basis?  NO  YES

4. Have you had a broken bone or fracture in the last 2 years?  NO  YES

If Yes, Explain \_\_\_\_\_

5. Do you have a seizure disorder?  NO  YES

6. Have you ever been found to be anemic (low blood count)?  NO  YES

7. Do you have Diabetes (Adult) Type 1 or (Juvenile) Type 2?  NO  YES

If Yes, list medications \_\_\_\_\_

8. Do you have High Blood Pressure?  NO  YES

9. Have you ever had any of the following?  Heart Disease  Kidney Disease  Lung Disease  Liver Disease

10. Do you have Asthma?  NO  YES

If Yes, list medications \_\_\_\_\_

11. Have you ever had a severe neck injury?  NO  YES

12. Have you ever been knocked out?  NO  YES

13. Have you ever injured your back?  NO  YES

14. Do you have back pain with vigorous workout or heavy lifting?  Never  Seldom  Occasionally  
 Frequently

15. Have you had knee pain in the past 2 years that has disabled you for more than a week?  NO  YES

16. Do you have any other physical conditions which cause pain?  NO  YES

If yes, Explain \_\_\_\_\_

17. Detail any surgical procedures, \_\_\_\_\_.

18. What are your goals for the next 6 weeks? Explain. \_\_\_\_\_

19. Have you ever had your body fat tested?  NO  YES If yes, what percentage is it? \_\_\_\_\_%

20. Are you training for a specific event?  NO  YES

If Yes, Explain \_\_\_\_\_

**NOTICE: It is wise to seek your doctor's advice before beginning any health/fitness/nutrition program!**

# RELEASE

This release is entered into between the undersigned and Core Fitness Personal Training and Jewell's Gymnastics Training Center. The purpose of Core Fitness Personal Training is to provide fitness instruction and coaching for various levels of athletes/individuals. The undersigned hereby acknowledge that the following was explained to me and/or agree to the following:

1. Acknowledges that Core Fitness Personal Training is not a physician and is not trained in any way to provide medical diagnosis, medical treatment, or any other type of medical advice.
2. Acknowledges that coaching/training is another tool for teaching athletes/individuals about themselves, and that Core Fitness Personal Training does not guarantee neither good nor bad will occur nor guarantees the training advice given by Core Fitness Personal Training will produce good nor bad results.
3. Acknowledges that the undersigned has been told if they feel tired, feel pain or feel out of the ordinary in any way either related to your training, or otherwise, that the undersigned should contact a physician at once.
4. Acknowledges that boot camps, aerobic classes, martial arts, kick boxing, running, kung-fu, weight training, obstacle courses, and any other related sports are an extreme test of one's mental and physical limits and carry with it potential for damage or loss of property, serious injury and death. That the undersigned assumes the risks of participating in these types of events/activities including the elements of a natural environment, that they are fit, and they have a regular medical physician they can contact regarding any medical problems that they might develop. The undersigned expressly waive, release, discharge and agree not to sue from any liability of death, disability, personal injury, or action of any kind Core Fitness Personal Training for the undersigned participating in said sporting events and/or training for said sporting events.

The Undersigned agrees that this is the full agreement between the parties that Core Fitness Personal Training, nor anyone else, has not verbally contradicted any of the terms of this release. And that the undersigned has entered into this agreement free and voluntarily without force or coercion.

Please read and check each of the following statements:

I agree not to use foul language during Boot Camp.

I agree to show up for Boot Camp every day unless it is an excused absence from my doctor or pre-approved with Boot Camp directors.

I understand that photos or video *may be taken* during the course of my involvement in Boot Camp, which may be used for promotional purposes. I understand that my "before & after" photos will not be used for any promotional purposes unless I give written authorization.

I understand there is **no refund policy**. Camp fees **cannot** be used towards any other products or services provided by Total Body Boot Camp.

I will remember to set my alarm and be at camp ON TIME.

## How did you hear about us? Please check all that apply.

Flyer  Internet  Friend:  Other:

By checking this box, I have read and understand, and that I agree to Core Fit Boot Camp's terms and conditions.

Name: \_\_\_\_\_

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