



BOOT CAMP REGISTRATION FORM

PERSONAL INFORMATION:

Full Name: _____ E-mail address: _____
Date of Birth: y_____ m_____ d_____ Profession: _____
Street Address: _____ Home Phone: _____
City: _____ Cell Phone: _____
State: _____ Business Phone: _____
ZIP: _____ Fax Number: _____

SELF ASSESSMENT AND ADDITIONAL INFORMATION:

I rate my current fitness level as a (1-10), ten being high: ____
I was referred by: _____
How did you hear about us?: _____
This is my first camp: yes_____ no_____
If you answered "no", when was the last camp you attended: _____
Are you signing up alone? _____
If no, who are you signing up with? _____
(limited to one person for discount)
My main goal is: _____

Name of Emergency Contact and Phone:

Number: _____/_____

CAMP AND PAYMENT INFORMATION:

What date will you begin camp? _____

How many days per week will you attend? _____

Which days per week will you attend? _____

Form of payment in full (circle):

Cash Check Money Order

MEDICAL HISTORY: (If you are a returning camper, only complete the sections that have changed)

• Are you allergic to any medication (aspirin, penicillin, sulfa, etc.)? _____

List Medications: _____

• Do you take any prescribed medication on a permanent or semi-permanent basis? _____

List Medications: _____

• Do you have a seizure disorder (epilepsy)? _____

• Do you have diabetes Adult or Juvenile? _____

List Medications: _____

• Have you ever been found to be anemic (low blood count)? _____

• Do you have High Blood Pressure (hypertension)? _____

List Medications: _____

• Do you have or have you ever had the following diseases?

Heart Disease: _____

Lung Disease: _____

Kidney Disease: _____

Liver Disease: _____

• Do you have asthma? _____

List Medications: _____

• Have you ever had a severe neck injury: _____

Describe: _____

• Have you ever been knocked unconscious? _____

Describe: _____

• Do you wear glasses or contact lenses? _____

• Have you had a broken bone or fracture in the past 2 years? _____

Describe: _____

• Have you ever injured your back? _____

Describe: _____

• Do you have back pain? (circle): Never Seldom Occasionally Frequently

• Have you had knee pain in the past 2 years that has disabled you? _____

Describe: _____

• Do you have other physical conditions which cause pain? _____

Describe: _____

Detail any surgical procedures: _____

What are your goals for the next three months? _____

• Have you had your body fat tested? _____

If yes, what is the percentage? _____

• Are you training for a specific event? _____

If yes, explain: _____

RELEASE OF LIABILITY (Please Read Carefully)

REMEMBER: It is always wise to consult with your doctor prior to starting any health/fitness/nutrition program!

This release is entered into between the undersigned and Elev8 Fitness: Elev8 Bootcamp, its officers, subsidiaries, affiliates, and executors in addition to the City of Tacoma. The purpose of Elev8 Fitness: Elev8 Bootcamp is to provide fitness instruction and coaching for various levels of individuals.

I hereby agree to accept and be legally bound by the Elev8 Bootcamp Contract.

By initialing this document, I attest, contract, acknowledge, and agree that I am legally bound by its content.

INITIAL IF YOU AGREE _____

I have enrolled in a program of strenuous physical activity including, but not limited to walking, running, boxing, yoga, aerobics massage therapy, weight lifting, bicycling and the use of various conditioning and exercise equipment and facilities designed, recommended, and/or supervised by Kjersten Salzman and Elev8 Fitness.

I hereby affirm that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in this program. In consideration of my participation in the program, I for myself, my employees, heirs, assigns, agents, officers, directors, shareholders and co-workers hereby release Kjersten Salzman and Elev8 Fitness, its employees, heirs, assigns, agents, officers, directors, and shareholders, from any and all claims, demands, or causes of action arising from my participation in the program or from any use of the conditioning and exercise equipment and facilities.

I fully understand that I may suffer injury as a result of my participation in the program and I hereby release Kjersten Salzman and Elev8 Fitness from any and all liability now or in the future, including but not limited to medical expenses, lost wages, pain and suffering, that may occur by reason of heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/lower back/foot injuries, and any other illness, soreness, or injury, however caused, whether occurring during or after my participation in the program or use of the conditioning and exercise equipment and facilities, regardless of fault.

