

ADVENTURE BOOT CAMP

PRINTED REGISTRATION FORM

1. Print this form; fill in your information clearly and completely, and sign the release.
2. Choose camp options and payment option.
3. Choose the method to return your forms:

By Mail: DC Adventure Boot Camp
Attn: Whitney Minnis
PO Box 77221
Washington, DC 20013

OR fax: 202-547-0355

I am signing up for camp beginning on: _____ Located at _____

My Name: _____ Date of birth (required) ____ / ____ / ____

Address: _____
Street City State/Zip

Home Phone: _____ Cell Phone: _____

Job Title: _____ Work Phone: _____

Email: _____

Emergency Contact Name: _____ Phone #: _____

I rate my current fitness level as a _____ (use scale of 1-10, 10 being highest = elite athlete)

My fitness main goal is: _____

My fitness goal in this camp is: _____

How did you hear about boot camp? _____

If by Referral please provide their name: _____

Payment Options (check one)

- Check or money order is enclosed (made out to Premier Sports and Health)
 Credit Card Authorization form is attached (*copy of if faxed prior*)
(We accept Visa, MC, Amex, Discover)

Attendance Options (check one):

- 5 days per week (\$299)
 4 days per week (\$249)
 3 days per week (\$199)

Office Use Only:

Amount paid: _____

Form: _____

Reason: _____

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MEDICAL HISTORY QUESTIONNAIRE

All "YES" answers require a written explanation on the next page

QUESTION	YES	NO
1 Are you allergic to any medication (aspirin, penicillin, sulfa, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
2 Do you take any prescribed medication on a permanent or semi-permanent basis?	<input type="checkbox"/>	<input type="checkbox"/>
3 Do you have a seizure disorder (epilepsy)?	<input type="checkbox"/>	<input type="checkbox"/>
4 Do you have diabetes; Type I (IDDM) or Type II (NIDM)?	<input type="checkbox"/>	<input type="checkbox"/>
5 Have you ever been found to be anemic (low blood count)?	<input type="checkbox"/>	<input type="checkbox"/>
6 Do you have High Blood Pressure (hypertension)?	<input type="checkbox"/>	<input type="checkbox"/>
7 Do you have or have you ever had Heart Disease?	<input type="checkbox"/>	<input type="checkbox"/>
8 Do you have or have you ever had Lung Disease?	<input type="checkbox"/>	<input type="checkbox"/>
9 Do you have or have you ever had Kidney Disease?	<input type="checkbox"/>	<input type="checkbox"/>
10 Do you have or have you ever had Liver Disease?	<input type="checkbox"/>	<input type="checkbox"/>
11 Do you have or have you ever had asthma?	<input type="checkbox"/>	<input type="checkbox"/>
12 Do you have or have you ever had severe neck injury?	<input type="checkbox"/>	<input type="checkbox"/>
13 Have you ever had been knocked out?	<input type="checkbox"/>	<input type="checkbox"/>
14 Have you had a broken bone or fracture in the past 2 years?	<input type="checkbox"/>	<input type="checkbox"/>
15 Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
16 Have you ever injured your back?	<input type="checkbox"/>	<input type="checkbox"/>
17 Do you have back pain? If YES, circle the best answer below. <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Almost Never Seldom Occasionally Frequently with vigorous exercise or heavy lifting </div>	<input type="checkbox"/>	<input type="checkbox"/>
18 Have you had knee pain in the past 2 years that has disabled you for longer than a week?	<input type="checkbox"/>	<input type="checkbox"/>
19 Do you have other physical conditions, which cause pain?	<input type="checkbox"/>	<input type="checkbox"/>
20 Have you had any surgical procedures?	<input type="checkbox"/>	<input type="checkbox"/>
21 Have ever had your body fat tested?	<input type="checkbox"/>	<input type="checkbox"/>
22 Are you training for a specific event?	<input type="checkbox"/>	<input type="checkbox"/>

If you are unsure about the definition of any terms in this form, please call us to clarify. Do not assume.

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Modified Physical Activity Readiness Questionnaire (PAR-Q)

Name			Date
DOB	Age	Home Phone	Work Phone

Regular exercise associated with many health benefits, yet any change of activity may increase the risk of injury. Completion of this questionnaire is a first step when planning to increase the amount of physical activity in your life. Please read each question carefully and answer every question honestly:

Yes	No	1) Has a physician ever said you have a heart condition and you should only do physical activity recommended by a physician?
Yes	No	2) When you do physical activity, do you feel pain in your chest?
Yes	No	3) When you were not doing physical activity, have you had chest pain in the past month?
Yes	No	4) Do you ever lose consciousness or do you lose your balance because of dizziness?
Yes	No	5) Do you have a joint or bone problem that may be made worse by a change in your physical activity?
Yes	No	6) Is a physician currently prescribing medications for your blood pressure or heart condition?
Yes	No	7) Are you pregnant?
Yes	No	8) Do you have insulin dependent diabetes?
Yes	No	9) Are you 69 years of age or older?
Yes	No	10) Do you know of any other reason you should not exercise or increase your physical activity?

If you answered yes to any of the above questions, talk with your doctor by BEFORE you become more physically active. Tell your doctor your intent to exercise and to which questions you answer yes.

If you honestly answered no to all questions you can be reasonably positive that you can safely increase your level of physical activity gradually.

If your health changes so you then answer yes to any of the above questions, seek guidance from a physician.

Participant signature	Date
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ADVENTURE BOOT CAMP

Informed Consent, Waiver, and Release Agreement

This waiver and release is entered into between the undersigned and Washington DC Adventure Boot Camp /Premier Sports and Health, its instructors, officers, affiliates, and executors.

The purpose of the Adventure Boot Camp Program offered by Premier Sports and Health is to provide fitness instruction and coaching for various levels of athletes/individuals.

The undersigned hereby acknowledges that the following was explained to me and/or agree to the following:

1. Acknowledges that the instructor is not a physician and is not trained in any way to provide medical diagnosis or any other type of medical advice.
2. Acknowledges that coaching/training is another tool for teaching athletes/individuals about themselves, but Adventure Boot Camp does not guarantee neither good nor bad will occur, nor guarantees the training advice given by Adventure Boot Camp or its instructors 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 and activities, 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 Adventure Boot Camp, Premier Sports and Health, its instructors, officers, affiliates, and executors 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 no representatives of Washington DC Adventure Boot Camp or Premier Sports and Health or anyone else has 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.

PERFORMANCE PLEDGE

In the spirit of harnessing your best effort and providing optimum results from your Boot Camp experience, we have established the following policies to which you will need to adhere. Please read and initial each one.

_____ I agree that I will not consume alcohol during the month of Boot Camp.

_____ I agree not to use foul language during Boot Camp.

_____ I agree not to eat or say the words Twinkie, Donuts, Ho-Ho's, Ding Dong, or Cup Cake during the course of 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 will arrive at camp ON TIME.

*(Any violation of the above statements **will** result in twenty push-ups per occurrence.)*

_____ 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, but I can receive a credit (for unused portion of camp) towards a future camp if, for reasons beyond my control, I am not able to complete the one I originally joined. Camp fees cannot be used towards any other products or services provided by Premier Sports and Health.

_____ / _____ / _____