



CAMP Registration Form

Name: _____ Today's Date: _____

Street: _____

City: _____ State: _____ Zip: _____

Profession: _____

Date of Birth: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____

Emergency Contact and phone number: _____

I rate my current fitness level as a _____ (1-10), ten being high.

My main goal is to _____

*** How did you find out about BFIT Camp? (please check one)

Craigslist _____ Doctor's Office _____ Flyer _____ Radio Announcement _____ Seminar _____

Friend (name) _____ Other _____

I am interested in BFIT Camp: **4 Week Challenge for Reg Price ~~\$199~~, Now \$125** _____

I am paying by: Cash _____ Paypal _____ (Email address Required-Process Fee)

Tshirt size XS _____ S _____ M _____ L _____ XL _____ XXL _____ XXXL _____

PERSONAL MEDICAL HISTORY

Please answer yes or no in the corresponding boxes and explain each yes response.

1. Do you have any medical conditions that would prevent you from participating in exercise?
yes _____ no _____ If yes, please list and describe.

2. Have you ever had an injury that would prevent you from participating in exercise?
yes _____ no _____ If yes, please list and describe:

NOTICE: It is wise to seek your doctors advice before beginning any health/fitness/nutrition program!

3. If you answered **yes** to either of the questions above,
Do you have your physician's authorization to participate in this program? yes _____ no _____

If answered yes to Question 1 or 2 and no to Question 3, we can not allow you to participate until you receive a medical clearance.

Par-Q Medical Status

Regular physical activity is fun and healthy, and more people are becoming more active every day. Being more active is very safe for most people. However, some people should check with their doctor before becoming much more physically active. If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. **If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.**

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly. Please place a check in the space to the left of the question to answer "Yes." Leave blank if your answer is "No." Your responses will be treated in a confidential manner.

- Has your doctor ever said that you have a heart condition AND that you should only do physical activity recommended by a doctor?
- Do you feel pain in your chest when you do physical activity?
- In the past month, have you had chest pain when you were not doing physical activity?
- Do you lose your balance because of dizziness or do you ever lose consciousness?
- Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
- Do you know of any other reason why you should not do physical activity?

If you answered YES to one or more questions, talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES. You may be able to do any activity you want - as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those that are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

If you answered NO honestly to all questions, you can be reasonably sure that you can:

- Start becoming much more physically active - begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness appraisal - this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

Even if you answered NO to all questions, you should delay becoming much more active:

- If you are not feeling well because of a temporary illness such as a cold or a fever - wait until you feel better.
- If you are or may be pregnant - talk to your doctor before you start becoming more active.

Please note: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

If in doubt after completing this questionnaire, consult your doctor prior to physical activity.

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Name: _____

Signature: _____

Signature of Parent or Guardian _____

(for participants seventeen and younger)



Camp Requirements/ Policies

Mandatory items you must bring with you each time you attend the boot camp: **water, mat, gloves, and towel.**

Please be advised your tennis shoes should be either running or cross trainers. Any shoes over six months old should not be worn.

Please be on time to each session and give your absolute best at each workout.

Please understand no refunds will be given for the BFIT Camp.

All participants who have the BFIT Camp at an outdoor location will be notified of an alternative site for inclement weather or if camp is cancelled and will be rescheduled.

I, _____, have read and reviewed the aforementioned Requirements/Policies and understand and accept these policies as they relate to personal fitness training procedures for the BFIT Camp. I also agree to abide by the policies referenced above. Any questions that I had concerning these conditions have been answered to my satisfaction.

Participant (Signature)

Date

Participant (Printed Name)

Date

Pt Testing Results

Situps	/min
Pushups	/min
1 mile walk/run test	/time



BFIT Camp -For Participant

Thank you so much for registering for the BFIT Camp. You are about to embark onto a fitness program that is guaranteed to help you get into better shape. You will tone up, gain muscle, and lose unwanted pounds and inches. To see these changes happen, it is going to require some commitment on your part as well.

Requirements/ Policies

Mandatory items you must bring with you each time you attend the boot camp: **water, mat, gloves, and towel**. Again these items are mandatory, without them you may not be able to participate for that session.

Please be advised your tennis shoes should be either running or cross trainers.

Please be on time to each session and give your absolute best at each workout.

Please understand no refunds will be given for the BFIT Camp.

All participants who have the BFIT Camp at an outdoor location will be notified of an alternative site for inclement weather or if camp is cancelled and will be rescheduled.

INFORMED CONSENT FORM

PHYSICAL FITNESS PROGRAM

Name: _____ Tel/Home: _____

Address: _____ Tel/Work: _____

IN CASE OF EMERGENCY, CONTACT _____ Tel _____

GENERAL STATEMENT OF PROGRAM OBJECTIVES AND PROCEDURES:

I understand that this physical fitness program includes exercises to build the cardiorespiratory system (heart and lungs), the musculoskeletal system (muscle endurance and strength, and flexibility), and to improve body composition (decrease of body fat in individuals needing to lose fat, with an increase in weight of muscle and bone). Exercise may include aerobic activities (treadmill, walking, running, bicycle riding, rowing machine exercise, group aerobic activity, swimming and other aerobic activities), calisthenic exercises, and weight lifting to improve muscular strength and endurance and flexibility exercises to improve joint range of motion.

DESCRIPTION OF POTENTIAL RISKS:

I understand that the reaction of the heart, lung, and blood vessel system to exercise cannot always be predicted with accuracy. I know there is a risk of certain abnormal changes occurring during or following exercise which may include abnormalities of blood pressure or heart attacks. Use of the weight lifting equipment, and engaging in heavy body calisthenics may lead to musculoskeletal strains, pain and injury if adequate warm-up, gradual progression, and safety procedures are not followed. I understand that seller shall not be liable for any damages arising from personal injuries sustained by buyer while and during the PERSONAL TRAINING PROGRAM. Buyer using the exercising equipment during the PERSONAL TRAINING PROGRAM does so at his/her own risk. Buyer assumes full responsibility for any injuries or damages which may occur during the training.

I hereby fully and forever release and discharge seller, its assigns and agents from all claims, demands, damages, rights of action, present and future therein.

I understand and warrant, release and agree that I am in good physical condition and that I have no disability, impairment or ailment preventing me from engaging in active or passive exercise that will be detrimental to heart, safety, or comfort, or physical condition if I engage or participate (other than those items fully discussed on health history form).

I state that I have had a recent physical checkup and have my personal physician's permission to engage in aerobic and/ or anaerobic conditioning.

DESCRIPTION OF POTENTIAL BENEFITS:

I understand that a program of regular exercise for the heart, lungs, muscles and joints, has many benefits associated with it. These may include a decrease in body fat, improvement in blood fats and blood pressure, improvement in physiological function, and decrease in risk in heart disease.

I have read the foregoing information and understand it. Any questions which may have occurred to me have been answered to my satisfaction.

Signature of Participant _____ Date _____

Signature of Witness _____ Date _____

Informed Consent Form for Exercise Testing

Testing Objectives:

I understand that the tests that are about to be administered to me are for the purpose of determining my physical fitness status, including heart, lung, and blood vessel capacities for whole body activity, body composition (ratio of body fat to muscle, bone, and water), joint flexibility, and possibly muscular endurance and strength.

Explanation of Procedures:

I understand that the tests which I may undergo may be performed on a treadmill, bicycle, steps, or on a track. The tests are designed to increase demands of the heart, lung, and blood vessel systems. These tests will continue for a specified period of time or distance or unless symptoms prohibit further exercise. Body composition will be determined through use of skinfold tests or other designated procedures to determine levels of body fat versus fat-free weight. Flexibility testing such as the sit-and-reach test may be used to determine flexibility around the hip joint or other joints as deemed necessary. Muscular endurance and or strength may be determined through the use of body calisthenics and/or equipment. Other tests which may be utilized will be explained thoroughly prior to use of any test not explained here.

Description of Potential Risks:

I understand that the reaction of the heart, lung, and blood vessel system to exercise cannot always be predicted with accuracy. I understand that there is a risk of certain abnormal changes occurring during or following exercise testing. These changes include abnormal heart beats, abnormal blood pressure response, various muscle and joint strains and injuries, and, in rare instances, heart attack, stroke, or even death. Monitoring of the testing process by a fitness specialist should provide appropriate precaution against such problems.

Description of Benefits to be Expected.

I understand that the results of these tests will aid in determining my physical fitness status and in determining potential health hazards. These results will facilitate a better individualized exercise prescription.

I have read the foregoing information and understand it. Any questions which may have occurred to me have been answered to my satisfaction. I also understand that I am free to deny answering any questions during the evaluation process or to withdraw consent and discontinue participating in any procedures. I have also been informed that the information derived from these tests is confidential and will not be disclosed to anyone other than my physician or others who are involved in my care or exercise prescription without my permission. However, I am in agreement that information from these tests not identifiable to me can be used for research purposes.

Signature of Participant _____ Date _____

Signature of Witness _____ Date _____