



Outdoor Boot Camp Registration

Name: _____ Date of Birth: _____
 Street: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: (____) _____ Work Phone: (____) _____
 Cell Phone: (____) _____ Fax Number: (____) _____
 Email: _____
 Emergency Contact Name: _____ Number: (____) _____
 How did you hear about Yardie Fitness? _____

Choose your location & time of day; Write your start date on the appropriate line

6-Week Outdoor Boot Camp Programs:

Location: ____ Vertical Joe's Fitness Center
 Time of Day: ____ Evening
 Start Date: _____

Choose your registration status:

_____ Full Time (4 Days/Week) _____ Drop-In

Payment, Fees & Discounts:

- Registration closes 3 days prior to the start of the program.
- Check, money order, PayPal (credit card/e-check) accepted.
- Payment for full time participation due in full at close of registration. Payment is nonrefundable.
- Payment for drop-in participation must be made online prior to attending a drop-in session. Bring payment receipt to the drop-in session.

	New Client	Repeat Client
Full Time Rate	\$299	\$249
Drop-In Rate	\$20	\$15
Promotional Rate	_____	_____



Outdoor Boot Camp Registration

Health & Fitness Goals

Name: _____ Date: _____

Check all applicable goals on the line to the left and specify the goal on the line to the right.

_____ Lose Weight: _____

_____ Lose Inches: _____

_____ Lose Body Fat: _____

_____ Build Muscle Mass: _____

_____ Lower Blood Pressure: _____

_____ Lower Cholesterol: _____

_____ Improve Strength: _____

_____ Improve Speed: _____

_____ Improve Agility: _____

_____ Improve Flexibility: _____

_____ Prepare For Fitness Event: _____

_____ Other: _____

_____ Other: _____

_____ Other: _____

_____ Other: _____

_____ Other: _____

_____ Other: _____

_____ Other: _____

_____ Other: _____

_____ Other: _____



Outdoor Boot Camp Registration

Boot Camp Rules

1. You must commit to attend 4 days per week for 6 weeks to be a full time participant. If you are unable to make that commitment, you can pay a drop in rate for each workout.
2. No refunds will be issued for missed sessions.
3. You must be a full time participant to be eligible for acknowledgements and prizes.
4. Diet and nutrition will affect your fitness goals and performance during boot camp. You must bring your nutrition journal to every workout. It may be reviewed at any time and graded at least once per week. If you do not bring your completed journal, you will have a special treat during and/or after each workout during the following week.
5. If you have two instances of incomplete/unavailable nutrition journals, you are subject to be dismissed from the program.
6. If your goal is to lose weight, your weekly target loss is 2 lbs. Weekly weigh-in is on Saturday morning at the beginning and end of each 6-week session and on Mondays during the other weeks.
7. If you miss your target weight loss, you will have a special treat during and/or after each workout during the following week.
8. ~~Arrive on time.~~ Arrive early. If you are late, you will have a special treat awaiting you.
9. If you have an unexcused absence, you will have a special treat during and/or after subsequent workouts.
10. If you have three unexcused absences, you are subject to be dismissed from the program.
11. No excuses. Come to work hard. Results are not given; they are earned.
12. You must put forth your best effort at all times. If you are working out without effort, you will be given some special treats to compensate for your lack of effort.
13. No watches or cell phones are allowed during the workouts.
14. Water is available during designated break times. Hydrate throughout the day.
15. Use the bathroom before or after the workout. If you absolutely, positively have to answer the call of nature during a workout, you will have a special treat upon your return.
16. Photos or video may be taken during the course of my involvement in Boot Camp, which may be used for promotional purposes.

Signature

Date

Printed Name



Outdoor Boot Camp Registration

Medical History

1. Are you allergic to any medication (aspirin, penicillin, sulfa, etc)? **Yes – No**
If yes, please list: _____
2. Do you take any prescribed medication on a permanent or regular basis? **Yes – No**
If yes, please list: _____
3. Do you have a seizure disorder (epilepsy)? **Yes – No**
4. Do you have diabetes (adult or juvenile)? **Yes – No**
5. Have you ever been found to be anemic (low blood count)? **Yes – No**
6. Do you have High Blood Pressure (hypertension)? **Yes – No**
7. Do you have or have you ever had the following diseases?
Heart Disease: **Yes - No** ----- Lung Disease: **Yes - No**
Kidney Disease: **Yes - No** -----Liver Disease: **Yes – No**
8. Do you have asthma? **Yes – No**
9. Have you ever had a severe neck injury? **Yes – No**
10. Have you ever been knocked unconscious? **Yes – No**
11. Do you wear glasses or contact lenses? **Yes – No**
12. Have you had a broken bone or fracture in the past 2 years? **Yes - No**
If yes, please describe: _____
13. Have you ever injured your back? **Yes – No**
If yes, please describe: _____
14. Do you currently have back pain? **Never - Seldom - Occasionally - Frequently with vigorous exercise or lifting**
Have you had knee pain in the past 2 years that has disabled you for longer than a week? **Yes – No** If yes, please describe: _____
15. Do you have any other physical conditions that cause pain? **Yes - No**
If yes, please describe: _____
16. Please describe any surgeries you've had:

17. On a scale of 1 to 10, rate your current fitness level (10 being the highest fitness level): _____
18. Are you training for a specific event? **Yes - No**
If Yes, please describe: _____

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

Signature Date

Printed Name