

## Temecula Adventure Boot Camp for Women Registration

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

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Fax #: ( ) \_\_\_\_\_ - \_\_\_\_\_

Profession: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

**Please fill in your camp :** (refer to the calendar for dates and times that are available)

Dates:	5:30AM	7AM	8AM	9:15 AM
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Payment method (check one):**

Please make checks payable to Temecula Adventure Boot Camp for Women, Inc.

Camp cost: \$299 (5 days/week) or \$180 (3 days/week)

Check \_\_\_\_\_

Money Order \_\_\_\_\_

## **Temecula Adventure Boot Camp for Women Agreement**

1. I agree to show up for Boot Camp every day unless it is an excused absence from my doctor or approved with Boot Camp directors
2. I understand there is no refund policy, but I can receive a credit (for the unused portion of the camp) towards a future camp if I'm not able to complete the one I originally joined. Camp fees cannot be used towards any other products or services.
3. 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 and after" photos will not be used for any promotional purposes without my express written consent.
4. I understand that diet and nutrition will effect my fitness goals and performance during boot camp.
5. I will remember to set my alarm and be at camp ON-TIME!

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

## RELEASE FORM

This release is entered into between the Undersigned and Temecula Adventure Boot Camp for Women, Inc., its officers, affiliates and executors in addition to the City of Temecula, and the county of Riverside.

The purpose of Temecula Adventure Boot Camp for Women, Inc. 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 Amy Bradley, 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 Temecula Adventure Boot Camp for Women, Inc. instructors, support staff, and affiliates are not physicians and are not trained in any way to provide medical diagnosis or any other type of medical advice.
3. Acknowledges that coaching/training is another tool for teaching athletes/individuals about themselves, but Temecula Adventure Boot Camp for Women, Inc. does not guarantee neither good nor bad will occur, nor guarantees the training advice given by Temecula Adventure Boot Camp for Women, Inc will produce good nor bad results.
4. 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.
- 5.. Acknowledges that boot camps, aerobic classes, martial arts, kick-boxing, kung-fu, running, weight training, obstacle courses, and any other related sports/activities 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 for participating in these types of events/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 Temecula Adventure Boot Camp for Women, Inc., Amy Bradley for the undersigned participating in said activities or events and/or training for said activities or events.

The Undersigned agrees that this is the full agreement between the parties, that Amy Bradley 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

## 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) \_\_\_

15. 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: \_\_\_\_\_

16. Do you have any other physical conditions which cause pain?

Yes \_\_\_ No \_\_\_ If Yes, please describe: \_\_\_\_\_

17. Please describe any surgeries you've had:

\_\_\_\_\_  
18. On a scale of 1 to 10, rate your current fitness level (10 being the highest fitness level):

\_\_\_\_\_  
19. Are you training for a specific event:

Yes \_\_\_ No \_\_\_ If Yes, please describe: \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

## Medical Clearance and Physician's Consent Form

To: Amy Bradley, 26320 Arboretum Way #301, Murrieta, CA 92563

Dear Personal Trainer:

My patient, \_\_\_\_\_, has advised me that he or she intends to participate in a fitness program. This program will include, but not be limited to, resistance training and cardiovascular training. The sessions will last one hour and will consist of a variety of challenging activities (running, lunges, squats, jumping, push-ups, sit-ups, upper body weight training, etc.).

Please be advised that my patient, \_\_\_\_\_, should be subject to the following restrictions in the fitness assessment and/or in his or her exercise program:

In addition, under no circumstances should he or she do the following:

I have discussed the foregoing restrictions and limitations with my patient and, with these specific restrictions, he or she has my permission to participate in a fitness assessment and pursue an exercise program under your guidance.

Truly yours,

\_\_\_\_\_ Date: \_\_\_\_\_  
(Sign name here)

\_\_\_\_\_ Phone number: \_\_\_\_\_  
(Print name here)

**Mail completed forms to:**

Temecula Adventure Boot Camp for Women, Inc.  
26320 Arboretum Way #301  
Murrieta, CA 92563

(Verona community)

Phone: (951) 265-3145