

Boot Camp Sign-Up Sheet

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| **Personal Information** | |
| **Full Name** |  |
| **Today’s Date** |  |
| **Address** |  |
| **Phone** |  |
| **E-Mail** |  |
| **Date of Birth** |  |
| **Emergency Contact / Phone** |  |
| **How did you hear about us?** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Session Details** | | | | | | |
| **Current Fitness Level** | Not fit 1 2 3 4 5 6 7 8 9 10 Super fit | | | | | |
| **Park & Session Date** |  | | | | | |
| **Days** | M | T | W | Th. | F | Sat. |
| **Times** |  |  |  |  |  |  |
| **Childcare?** |  |  |  |  |  | N/A |

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| --- | --- | --- | --- |
| **Workout Options / Fee Schedule** | | | |
| **Check one** | **Options For 6 Week Session** | | **Fee** |
|  | 2 workouts / week | | $175 |
|  | 3 workouts / week | | $200 |
|  | 4 workouts / week | | $250 |
|  | 5 workouts / week | | $275 |
|  | Saturday Punch Card – 5 workouts | | $100 |
| Please mail payment to: | | Boot Camp in the Park, LLC  1205 Johnson Ferry Rd.  Ste. 136431  Marietta, GA 30068 | |

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| **Please list friends who might like to know more about Boot Camp in the Park** | |
| **Friend’s Name** | **Email** |
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| **Every person you refer, who becomes a customer, earns you $10 in savings!** | |

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| Participants Name: | D.O.B.: |

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| **Medical History** | | | | |
| Important Note  It is wise to seek your doctor’s advice before beginning any  health, fitness, or nutrition program! | | | | |
| Do you, or have you had, any of the following: | | | | |
|  | High Blood Pressure |  | Seizure Disorder | |
|  | Lung Disease |  | Heart Disease | |
|  | Kidney Disease |  | Asthma – if yes, list medication: |  |
|  | Liver Disease |  | Diabetes – if yes, indicate type: |  |

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| --- | --- | --- |
| Allergic to any medication? | Yes  No If yes, list: |  |
| Regularly take prescribed medication? | Yes  No If yes, list: |  |
| Do you wear glasses or contacts? | Yes  No | |

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| Ever had a severe neck injury?  Yes  No If yes, please describe: |
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| Any broken bones or fractures in past 2 years?  Yes  No If yes, please describe: |
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| Ever injured your back?  Yes  No If yes, please describe: |
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| Have back pain?  Never  Seldom  Frequently, with vigorous exercise |

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| Had knee pain in past 2 years that disabled you for longer than a week?  Yes  No If yes, please describe: |
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| Any other physical conditions that cause pain?  Yes  No If yes, please describe: |
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| Any other concerns your trainers should be aware of?  Yes  No If yes, please describe: |
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| Please indicate any allergies or special needs the participant may have: |
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HOLD HARMLESS AGREEMENT

PERMISSION TO PROVIDE EMERGENCY MEDICAL TREATMENT

For Cobb County Parks and Recreation

I authorize the staff of the Cobb County Parks, Recreation and Cultural Affairs Department (CCPRCAD) to organize any required medical or first aid procedure or take the undersigned student to the hospital emergency room for treatment. I understand that every effort will be made to notify the parent or individual indicated as emergency contact beforehand by telephone. The undersigned hereby forever releases, discharges and covenants to hold harmless the CCPRCAD, Cobb County Government and all parties affiliated with the CCPRCAD, the heirs, administrators, executors, successors and assignees from any and all claims, demands, damages, costs, expenses, loss of services, actions and cause of action belonging to the undersigned or arising out of any act or occurrence in connection with and particularly on account of all personal injury, disability, property damage, loss of damages of any kind sustained or that may hereafter be sustained arising out of the matters described herein.

This Release and Hold Harmless Agreement shall constitute a full and complete release of any and all claims.

Participant’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Signature (REQUIRED): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(if under 18, parent of guardian)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Boot Camp in the Park, LLC

Informed Waiver / HOLD HARMLESS AGREEMENT

PERMISSION TO PROVIDE EMERGENCY MEDICAL TREATMENT

For Fitness Program Participant

This release is entered into between the undersigned and Boot Camp in the Park, LLC. The purpose of Boot Camp in the Park is to provide fitness instruction and coaching for various levels of athletes/individuals.

I authorize the staff of Boot Camp in the Park to organize any required medical or first aid procedure or take the undersigned student to the hospital emergency room for treatment. I understand that every effort will be made to notify the parent or individual indicated as emergency contact beforehand by telephone. The undersigned hereby forever releases, discharges and covenants to hold harmless Boot Camp in the Park and all parties affiliated with the Boot Camp in the Park, the heirs, administrators, executors, successors and assignees from any and all claims, demands, damages, costs, expenses, loss of services, actions and cause of action belonging to the undersigned or arising out of any act or occurrence in connection with and particularly on account of all personal injury, disability, property damage, loss of damages of any kind sustained or that may hereafter be sustained arising out of the matters described herein. This Release and Hold Harmless Agreement shall constitute a full and complete release of any and all claims.

I, the undersigned participant, am hereby enrolling in a program of strenuous physical activity including but not limited to aerobic dance, weight lifting, and the use of various aerobic conditioning offered by Boot Camp in the Park. I have been strongly encouraged to consult with a physician prior to exercising or increasing the intensity of an existing program, indicated in both this document and by Boot Camp in the Park. I assume this responsibility as indicated by my below signature and if I choose to, will act on this advice prior to the implementation of any recommendations made by Boot Camp in the Park. I hereby affirm that, to the best of my knowledge, I do not suffer from any condition that would prevenr or limit my participation in this fitness program and have not withheld any related information from Boot Camp in the Park.

In the event that through screening, I have been determined to be other than apparently healthy, I have been given a physician’s release, as required by Boot Camp in the Park to exercise. I am taking no medications that may reversely effect my fitness activities, and this release, with or without physician’s restrictions, has been given to Boot Camp in the Park. In addition, I acknowledge that if my health changes, it is my responsibility to recognize the change and seek medical advice to help me decide if my continued participation in the fitness program or any part of the fitness program is still right for me.

I fully understand that I may injure myself as a result of my participation in Boot Camp in the Park’s fitness program and I hereby release Boot camp in the Park, LLC, its Board, employees and agents, from any liability now or in the future for any injury. Injuries may include, but are not limited to, heart attacks, death, 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, occurring during, or after, my participation in the fitness program offered, unless caused by the trainer’s recklessness or intentional misconduct.

In consideration of my participation in Boot Camp in the Park’s fitness program, I, for myself, my personal representatives, administrators, heirs and assigns, hereby holds harmless Boot Camp in the Park, LLC, its Board , employees and agents, from any claims, demands, and causes of action, to include reasonable legal expenses and attorney’s fees arising from my participation in the fitness program, unless caused by the trainer’s recklessness or intentional misconduct.

I hereby affirm that I have read, have been honest with Boot Camp in the Park, and fully understand the above information. I have been given the opportunity to present questions in all related matters.

The Undersigned agrees that this is the full agreement between the parties, that anyone associated with **Boot Camp in The Park** 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.

Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Signature (REQUIRED): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(if under 18, parent of guardian)

For Office Use Only:

Amt. Pd.: \_\_\_\_\_\_ Cash or check: \_\_\_\_\_\_\_\_ Received By: \_\_\_\_\_\_\_\_