



BODY BY BOOTCAMP REGISTRATION FORM

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Please Print Clearly.

Name: _____

Street: _____

City: San Antonio State: TX ZIP CODE _____

Date of Birth ____/____/____

Emergency Contact Name and phone number _____

Home Phone (____) _____

Cell (____) _____

I can accept text messages YES or NO

E-mail

_____ @ _____

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

My main goal is to:

_____.

I will be paying by: (circle one) Check Pay Pal Cash

Date paid ____/____/____

If paying by check, please make payable to: Body By Bootcamp

Waiver must be signed prior to participation.



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MEDICAL HISTORY

1. Are you allergic to any medication (aspirin, penicillin, sulfa, etc.)? Yes/No
2. Do you take any prescribed medication on a permanent or semi-permanent basis? Yes/No
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? Describe:
10. Have you ever been knocked out? Describe:
11. Do you wear glasses or contact lenses? Yes/No
12. Have you had a broken bone or fracture in the past 2 years? Describe:
13. Have you ever injured your back? Describe:
14. Do you have back pain?
 - Never / Seldom / Occasionally / Frequently with vigorous exercise or heavy lifting
15. Have you had knee pain in the past 2 years that has disabled you for longer than a week? Describe:
16. Do you have other physical conditions which cause pain? Describe:
17. Detail any surgical procedures:

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



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

1. Acknowledges that Tracy Graeber is not a physician and is not trained in any way to provide medical diagnosis, medical treatment, or any other type of medical advice.
2. Acknowledges that coaching/training is another tool for teaching athletes/individuals about themselves, but Tracy Graeber does not guarantee neither good nor bad will occur nor guarantees the training advice given by Tracy Graeber 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, running,, 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/activities, that they are fit, and they have a regular medical physician they can contact regarding any medical problems that they might develop.
5. The undersigned expressly waive, release, discharge and agree not to sue from any liability of death, disability, personal injury, or action of any kind Tracy Graeber 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 Tracy Graeber 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.

Initial the following:

___ I agree to be on time and I understand that it is important to participate in the "warm-up" exercises at the beginning of camp to prevent injury.

___ I agree that I will *try not* consume alcohol during the month of Boot Camp. I understand that doing so will not help me achieve my goal.

___ I agree that I will *try to follow* a healthy diet during the month of Boot Camp. I understand that this will help me achieve my goal.

___ I agree to show up for Boot Camp every day I am able and to give notice if I can not attend. I understand that I will get the best results by attending at least 4 sessions per week.

___ I understand there is no refund policy, but I can receive credit towards a future camp at the discretion of Tracy Graeber and on an individual basis.

RELEASE

This release is entered into between the undersigned and Tracy Graeber.

Signature

Date

Printed Name