

Baby N' Me

BOOT CAMP

PRINTED REGISTRATION FORM

1. Print this form; fill in your information clearly and completely.
2. Read and sign the Waiver of Liability form.
3. Choose the method to return your forms:

By Mail: Baby N' Me Boot Camp OR **By Fax:** 416-979-8036
46 Statler Avenue
Etobicoke, ON
M9B 1G6

Personal Information:

Name: _____ Baby Name: _____
Age: _____ Date of birth: _____ Baby Age: _____ Baby Date of birth: _____
Address _____ Home Phone: _____
_____ Cell Phone: _____
_____ Email: _____

Emergency Contact Name: _____

Relationship: _____ Phone: _____

Camp Options & Payment Information:

I am signing up for camp beginning on: _____

How did you hear about Baby N' Me Boot Camp? _____

If by referral, please provide their name: _____

Program:

Baby N' Me Boot Camp is a fun 4 week program. The program runs twice a week for one hour, with the flexibility of choosing which two days works best for your schedule. The cost is \$125 + GST for the four week program.

Please choose from the following options:

Day Option:

Class Time :

Mondays & Wednesdays

10:45 am

Tuesdays & Thursdays

10:45 am

Payment Options:

Cheque or money order – made out to Body By U Fitness Inc. Inc.

Cash payable at pre-evaluation consultation

Visa or Mastercard: Card Number: _____ Exp.: _____

Signature: _____

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Goals:

My main fitness goal is: _____

My goals for this camp are:

1. _____

2. _____

3. _____

What I find most challenging is: _____

Exercise Experience:

Current Exercise Program:

Yes No

Aerobic Exercise:

Beginner Intermediate Advanced

Strength Training:

Beginner Intermediate Advanced

Type: _____

Frequency: _____

Duration: _____

Past Exercise Program:

Yes No

Aerobic Exercise:

Beginner Intermediate Advanced

Strength Training:

Beginner Intermediate Advanced

Type: _____

Frequency: _____

Duration: _____

Physical Condition:

Current Injuries: _____

(please specify when and how the injury (s) occurred and any treatment received)

Past Injuries: _____

(please specify when and how the injury (s) occurred and any treatment received)

Nutritional Information:

Do you eat breakfast? Yes No Usually Rarely

I have a nutritious diet. Yes No Usually Rarely

I eat a wide variety of foods. Yes No Usually Rarely

In a typical day, I would eat:

Breakfast:

Lunch:

Dinner:

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MEDICAL HISTORY QUESTIONNAIRE

All "YES" answers (with the exception on #1) require a written explanation in space provided below

1. Do you have your doctor's approval to start an exercise program? Yes No
2. Are you allergic to any medication (aspirin, penicillin, sulfa, etc.)? Yes No
3. Do you take any prescribed medication? Yes No
4. Do you have a seizure disorder (epilepsy)? Yes No
5. Do you have diabetes; Type I (IDDM) or Type II (NIDM) Yes No
6. Do you have High Blood Pressure (hypertension)? Yes No
7. Do you have asthma? Yes No
8. Have you ever been found to be anemic (low blood count)? Yes No
9. Do you have high cholesterol? Yes No
10. Do you have or have you ever had the following diseases?
 - a. Heart Disease Yes No
 - b. Lung Disease Yes No
 - c. Kidney Disease Yes No
 - d. Liver Disease Yes No
11. Do you smoke? How often/How long? _____ Yes No
12. Have you ever had a severe neck injury? Yes No
13. Have you ever been knocked unconscious? Yes No
14. Have you ever injured your back? Yes No
15. Do you have back pain? If YES, circle the best answer below. Yes No
 Almost Never Seldom Occasionally Frequently with exercise
16. Have you had a broken bone or fracture in the past 2 years? Yes No
17. Do you wear glasses or contact lenses? Yes No
18. Have you had knee pain in the past 2 years that has disabled you for longer than a week? Yes No
19. Do you have arthritis? Yes No
20. Do you have other physical conditions, which cause pain? Yes No
21. Do you have cancer? Yes No
22. Do you have any infectious diseases (TB, hepatitis, pneumonia)? Yes No
23. Have you had any surgical procedures? Yes No
24. Have you ever had your body fat tested? Yes No
25. Are you training for a specific event? Yes No

PLEASE EXPLAIN ALL "YES" ANSWERS BELOW. PLEASE REFERENCE THE QUESTION NUMBER.

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Informed Consent, Waiver and Release Agreement

This waiver and release is entered into between the undersigned and Baby N' Me Boot Camp / Body By U Fitness Inc., its instructors, officers, affiliates, and executors.

The purpose of the Adventure Boot Camp Program offered by Body By U Fitness 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 the instructor 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 coaching/training is another tool for teaching athletes/individuals about themselves, but Baby N' Me Boot Camp and Body By U Fitness Inc. does not guarantee neither good nor bad will occur, nor guarantees the training advice given by Baby N' Me Boot Camp and Body By U Fitness Inc. or its instructors 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 participation in a sport or physical exercise may result in accident, injury, even death. That the undersigned assumes the risks of participating in these types of events and 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 Baby N' Me Boot Camp, Body By U Fitness Inc., its instructors, officers, affiliates, and executors 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 no representatives of Baby N' Me Boot Camp or Body By U Fitness Inc., 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.

PERFORMANCE PLEDGE

In the spirit of harnessing your best effort and providing optimum results from your Boot Camp experience, we have established the following policies to which you will need to adhere. Please read and initial each one.

_____ I agree that I will not consume alcohol during the month of Boot Camp.

_____ I agree not to use foul language during Boot Camp.

_____ I agree to show up for Boot Camp every day unless it is an excused absence from my doctor or pre-approved with Boot Camp directors.

_____ I will arrive at camp ON TIME.

_____ 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 & after" photos will not be used for any promotional purposes unless I give written authorization.

_____ I understand there is no refund policy, but I can receive a credit (for unused portion of camp) towards a future camp if, for medical reasons, I am not able to complete the one I originally joined. Camp fees cannot be used towards any other products or services provided by Body By U Fitness Inc. Inc.

Signature

Printed Name

____/____/____
Date