

TORONTO ADVENTURE 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: Toronto Adventure Boot Camp OR **By Fax:** 416-979-8036
 46 Statler Avenue
 Etobicoke, ON
 M9B 1G6

Personal Information:

Name: _____ Age: _____ Date of birth: _____
 Address: _____ Home Phone: _____
 _____ Work Phone: _____
 _____ Cell Phone: _____
 Email: _____ Job Title: _____

Emergency Contact Name: _____
 Relationship: _____ Phone: _____

Camp Options & Payment Information:

I am signing up for camp beginning on: _____
 How did you hear about Toronto Adventure Boot Camp? _____
 If by referral, please provide their name: _____

Attendance Options:

- 5 days per week (\$300 + GST)
 4 days per week (\$255 + GST)
 3 days per week (\$210 + GST)

Location:

West End

Class Time :

- 5:30 am
 6:30 am 6:00 pm
 7:30 am 7:00 pm
 9:30 am

Location:

South Central

Class Time:

6:00 am

Location:

East End

Class Time:

- 5:30 am
 6:30 am
 7:30 am
 9:00 am

PLEASE NOTE:

Pre-camp consultation appointments are scheduled on a first come, first serve basis. Once we receive your registration form, we will contact you with possible appointment times. Unfortunately, due to scheduling limitations, a consultation can not be guaranteed. If you register within 5 business days of the start of camp, you will likely not have an appointment.

Payment Options:

- Cheque or money order – made out to Body By U Fitness Inc.
 Cash payable at pre-evaluation consultation
 Visa or Mastercard: Card Number: _____ Exp.: _____

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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 require a written explanation in space provided below

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

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



Informed Consent, Waiver and Release Agreement

This waiver and release is entered into between the undersigned and Toronto Adventure 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 Toronto Adventure Boot Camp and Body By U Fitness Inc. does not guarantee neither good nor bad will occur, nor guarantees the training advice given by Toronto Adventure 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 Toronto Adventure 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 Toronto Adventure 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