

Registration for Healthy and Fit Boot Camp

Name: _____ Age: _____ Date of Birth: _____

Address: _____
Street City State Zip Code

Telephone Number: (Home) _____ (Cell) _____

Email Address: _____

In case of emergency, whom may we contact?

Name: _____ Relationship: _____

Telephone Number: (Home) _____ (Work or Cell) _____

How did you find out about our program? _____

Active History

Are you presently involved in a regular exercise program? () Yes () No
 If yes, please list activity, duration and frequency (example: power walk for 30 minutes, 4 times per week)

How active do you consider yourself? *(Please circle one)*

Sedentary Moderately Active Highly Active

Please describe your knowledge of exercise and fitness. *(Please circle one)*

Good Fair Poor

Medical History and Present Medical Condition

Check any conditions you currently have or have had in the past five years.

<input type="checkbox"/> Heart Attack; Coronary Bypass	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Foot Problems
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Low Blood Pressure	<input type="checkbox"/> Neck Problems
<input type="checkbox"/> Irregular Heart Beats	<input type="checkbox"/> Swollen, Stiff, or Painful Joints	<input type="checkbox"/> Anemia
<input type="checkbox"/> Migraine/Recurrent Headaches	<input type="checkbox"/> Shoulder Problems	<input type="checkbox"/> Bronchitis
<input type="checkbox"/> Back Problems	<input type="checkbox"/> Epilepsy or Seizures	<input type="checkbox"/> Unusual Shortness of Breath
<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Emphysema	<input type="checkbox"/> Limited Range of Motion in Joints
<input type="checkbox"/> Light-Headedness or Fainting	<input type="checkbox"/> Fatigue or Lack of Energy	<input type="checkbox"/> High Cholesterol
<input type="checkbox"/> Asthma	<input type="checkbox"/> Hernia	<input type="checkbox"/> Trouble Sleeping
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Bursitis	<input type="checkbox"/> Chest Discomfort
<input type="checkbox"/> Other (explain below)	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any checked items _____

Please list any prescription medications you are now taking. _____

Please list any over-the-counter medications you are now taking.

Please list any dietary supplements you are now taking. _____

Health and Fitness Goals

Please check specific health and fitness goals that you want to achieve.

<input type="checkbox"/> Improve Strength	<input type="checkbox"/> Increase Energy
<input type="checkbox"/> Improve Flexibility	<input type="checkbox"/> Reduce Stress
<input type="checkbox"/> Improve Endurance	<input type="checkbox"/> Improve Diet/Eating Habits
<input type="checkbox"/> Improve Muscle Tone and Shape	<input type="checkbox"/> Build Immune System
<input type="checkbox"/> Lose Weight	<input type="checkbox"/> Training for a Specific Sport or Event
<input type="checkbox"/> Gain Weight/Muscle	<input type="checkbox"/> Additional Goals (please list below)

Additional Goals: _____

I do hereby state that I have, to the best of my knowledge and belief, given a correct and accurate history report.

Client's Signature

Date

Agreement and Release

I agree to participate in a health and fitness program given by Healthy and Fit Boot Camp. During your exercise program, every effort will be made to assure your safety. However, as with any exercise program, there are risks, including increased heart stress and the chance of musculoskeletal injuries. In volunteering for this program, you agree to assume responsibility for these risks and any possibility for personal damage. You also agree that, to your knowledge, you have no limiting physical conditions or disability that would preclude an exercise program.

I understand and agree that if I have any medical condition that it is my responsibility to check with my physician for any contraindications with any foods, phytochemicals, supplements, nutrients, or exercise in this program. By agreeing to these terms, you accept full responsibility for your own health and well being and you acknowledge an understanding that no responsibility is assumed by the leaders of the program.

I understand and agree the health and fitness program from Complete Health Network is not intended to treat illness, disease, or any medical condition. This program is designed to promote a healthy lifestyle and does not guarantee an illness-free life. Many complex and uncalculated conditions affect the overall well being of an individual.

I agree to waive, release, remise and discharge Healthy and Fit Boot Camp, Complete Health Network, Inc., officers, agents, representatives, and employees of any and all claims, demands, actions or damages resulting from my participation in Healthy and Fit Boot Camp.

By registering for the boot camp you are agreeing to the above terms and conditions.

Client's Name: _____
(please print clearly)

Signature of Client: _____

Date of Signing: _____

Select Your Boot Camp

	6:30 – 7:30 am	Mon, Wed, Fri Four Weeks	Community Park Princeton	\$195
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Payment

Check/Money Order	If paying by Credit Card, please complete this section
<p>Amount Enclosed</p> <p>\$_____.</p> <p>Make your check/money order payable to: Complete Health Network</p>	<p>() Visa () MasterCard () American Express () Discover</p> <p>Card # _____</p> <p>Exp. Date ___/___ Amount Authorized \$_____.</p> <p>Signature _____</p>

Mail your registration to:



Complete Health Network, Inc.
Healthy and Fit Boot Camp
PO Box 7621
Princeton, NJ 08543-7621

Have Questions:

Contact Ted Johnson



E-Mail contactus@completehealthnetwork.com



Telephone 973-844-0400