

Abdominal Training Wheels, Inc.



Printed Registration Form

1. Print this form; fill in your information clearly and completely and sign the release.
2. Choose camp options and payment option.
3. Choose the method to return your forms
By Mail: P.O. Box 43141
Jacksonville, FL 32203

I am signing up for camp on: _____

Circle One: Jacksonville, FL Tampa, FL Orlando, FL

My Name: _____ Date of birth (required) ____ / ____ / ____

Address:

Street _____ City _____ State/Zip _____

Home Phone: _____ Cell Phone: _____

Job Title: _____ Work Phone: _____

Email: _____

Emergency Contact Name: _____ Phone#: _____

I rate my current fitness level as a _____ (use scale of 1-10, 10 being highest = elite athlete)

My fitness main goal is:

My fitness goal in this camp is:

How did you hear about Terry's Boot Camp?

Abdominal Training Wheels, Inc.

If by Referral please provide their name: _____

Payment Options (check one)

- Check or Money Order is enclosed (made out to Abdominal Training Wheels, Inc.)

- I paid online

Attendance Options (check one)

- 1 day camp (\$25)

- 3 day camp (\$75)

- 5 day camp (\$100)

- 6 week Bridal Boot Camp (\$600)

Official Use Only:	
Amount paid:	_____
Form:	_____
Reason:	_____

MEDICAL HISTORY QUESTIONNAIRE

All "YES" answers require a written explanation on the next page

QUESTIONS

	YES	NO
1. Are you allergic to any medication (aspirin, penicillin, sulfa, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you take any prescribed medication on a permanent or semi-permanent basis?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have a seizure disorder (epilepsy)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have diabetes: Type I or Type II?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been found to be anemic (low blood count)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have High Blood Pressure (hypertension)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have or have you ever had Heart Disease?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have or have you ever had Lung Disease?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have or have you ever had Kidney Disease?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have or have you ever had Liver Disease?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you have or have you ever had asthma?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you have or have you ever had severe neck injury?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you ever been knocked out?	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you had a broken bone or fracture in the past 2 years?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever injured your back?	<input type="checkbox"/>	<input type="checkbox"/>
17. Do you have back pain? If YES, circle the best answer below	<input type="checkbox"/>	<input type="checkbox"/>
Almost Never Seldom Occasionally Frequently with vigorous exercise or heavy lifting		
18. Have you had knee pain in the past 2 years that has disabled you for longer than a week?	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you have other physical conditions, which cause pain?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you had any surgical procedures?	<input type="checkbox"/>	<input type="checkbox"/>
21. Are you currently pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
22. Have you ever had your body fat tested?	<input type="checkbox"/>	<input type="checkbox"/>
23. Are you training for a specific event?	<input type="checkbox"/>	<input type="checkbox"/>

If you are unsure about the definition of any terms in this form, please call us to clarify. Do not assume.

Abdominal Training Wheels, Inc.

24. What are your goals for the next three months?

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

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

Abdominal Training Wheels, Inc.

Informed Consent, Waiver, and Release Agreement

This waiver and release is entered into between the undersigned and Terry's Boot Camp/Abdominal Training Wheels, Inc. its instructors, officers, affiliates, and executors.

The purpose of the Terry's Boot Camp Program offered by Abdominal Training Wheels, 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 Terry's Boot Camp and Abdominal Training Wheels, Inc. does not guarantee neither good nor bad will occur, nor guarantees the training advice given by Terry's Boot Camp and Abdominal Training Wheels, 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 boot camps, aerobic classes, martial arts, kick boxing, 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 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 Terry's Boot Camp, its instructors, officers, affiliates, and executors for the undersigned participating in said sporting events and/or training.

The undersigned agrees that this is the full agreement between the parties, that no representatives of Terry's Boot Camp or Abdominal Training Wheels, Inc. or anyone else has 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 Terry's 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 48 hours before or during Boot Camp.
- _____ I agree not to use 4-letter words during Boot Camp, except YEAH!
- _____ I agree not to eat or say the words Twinkie, Donuts, Ho-Ho's, Ding-Dong, or Cup Cake during the course of 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.

(Any violation of the above statements will result in twenty push-ups per occurrence.)

_____ 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 reasons beyond my control, I am not able to complete the one I originally joined. Camp fees cannot be used towards any other products or services provided by Terry's Boot Camp or Abdominal Training Wheels, Inc.

Signature

Printed Name

____/____/____
Date