

## Long Beach Adventure Boot Camp @ Wilson High School

### REGISTRATION

#### You now have two options:

Option 1. You can print this form and send it in by mail, or

Option 2. [Click here](#) to be redirected to register immediately "SECURE" online.

If you chose option one, follow these instructions:

1. **Print** your information clearly or type

2. **Mail** to:

Fitness Through Motion

Attn: Long Beach Adventure Boot Camp

P.O. Box 14351

Long Beach, CA 90853

3. **You will be notified** to schedule your pre-camp evaluation by email (if needed for your program). Please follow the instruction stated in the email.

If you are paying by check, please make payable to **Fitness Through Motion**.

### Registration Form (3 Pages)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Profession: \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

**E-mail** \_\_\_\_\_ **@** \_\_\_\_\_ **\*Must have to receive**

**information about class and evaluation appts.**

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

I was referred by

\_\_\_\_\_.

My main goal is to

\_\_\_\_\_.

Emergency Contact and phone

number \_\_\_\_\_

I will be paying by: (circle one) **Check** **Cash** **PayPal\***

**\*Paying with credit card via PayPal. I need to make my payment on line at**  
[www.LongBeachBootCamp.com](http://www.LongBeachBootCamp.com) **before I am eligible to participate in class.**

What Camp # are you joining: \_\_\_\_\_ # of days: \_\_\_\_\_ Time: \_\_\_\_\_ Price of program: \$ \_\_\_\_\_ **If**

**paying by check, please make payable to Fitness Through Motion**

Attn: Long Beach Adventure Boot Camp, P.O. Box 14351, Long Beach CA , 90853

\*Waiver must be signed prior to participation.

### MEDICAL HISTORY

(If you are a returning camper, only complete the sections that have changed.)

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**  
List Medications:
5. Have you ever been found to be anemic (low blood count)? **Yes No**
6. Do you have High Blood Pressure (hypertension)? **Yes No**  
List Medications:
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**  
List Medications:
9. Have you ever had a severe neck injury? **Yes No**  
Describe:
10. Have you ever been knocked out? **Yes No**  
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? **Yes No**  
Describe:
13. Have you ever injured your back? **Yes No**  
Describe:
14. Do you have back pain? **Yes No**  
(N) Never (S) Seldom (O) Occasionally  
(F) 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? **Yes No**  
Describe:
16. Do you have other physical conditions which cause pain? **Yes No**  
Describe:
17. Detail any surgical procedures:
18. What are your goals for the next three months?
19. Have you had your body fat tested? **Yes No**  
If yes, what percent is it?
20. Are you training for a specific event? **Yes No**  
If yes, explain:

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

#### **RELEASE**

This release is entered into between the undersigned and Fitness Through Motion including Long Beach Adventure Boot Camp, its officers, subsidiaries, affiliates, and executors in addition to the City of Long Beach and the Los Angeles County. The purpose of Fitness Through Motion including Long Beach Adventure Boot Camp is to provide fitness instruction and coaching for various levels of athletes/individuals.

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

1. Acknowledges that Shannon Paul 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 that Fitness Through Motion including Long Beach Adventure Boot Camp does not guarantee neither good nor bad will occur nor guarantees the training advice given by Fitness Through Motion including Long Beach Adventure Boot Camp 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, kung-fu, 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 including the elements of a natural environment, 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 Fitness Through Motion including Long Beach Adventure Boot Camp 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 Fitness Through Motion including Long Beach Adventure Boot Camp 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 not to use foul language during Boot Camp. Any violation will result in twenty push-ups per occurrence.
  - I agree not eat or say the words *Twinkie*, *Donuts*, *Ho-Ho's*, *Ding Dong*, or *Cup Cake* during the course of Boot Camp. Any violation will result in twenty push-ups per occurrence.
  - 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. Any violation 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 I'm not able to complete the one I originally joined. Camp fees **can not** be used towards any other products or services provided by Fitness Through Motion including Long Beach Boot Camp.
  - I will remember to set my alarm and be at camp on time.
- I understand that nutrition will affect my fitness goals and performance during boot camp.
- I will bring a positive attitude, and expect to have fun!

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date