

## Boot Camp Registration Process

### Your steps to success and feeling better

**Step 1.** Fill out the self reporting health history and evaluation forms.  
*(it's not difficult and it helps us design your program around old injuries)*

**Step 2.** Make an appointment before your desired bootcamp. *(913-432-2787 ask for Coach Bob)* You must be evaluated prior to participating in the camp. One week notice is a good time period.

After your evaluation you can pick up your free t-shirt.

You will be given all the details and rules to the boot camp.

### Registration/Health History

Name: First  
Last

City:

State:

Address:

Zip:

Phone(h):

Cell:

Work:

Email address:

Occupation:

T-Shirt Size:

Emergency Contact:

Phone:

Goal # 1

Goal # 2

Goal # 3

Current activity (please check all that apply)

Weights

CardioRunner

Golf

Martial Arts TennisOther:

1-10 rate your fitness level:

*(10 is the highest)*

## Health Quiz/Data

1. Any current Injuries that stop you from participation exercises:
2. List any and all Medication(s):
3. Any history of seizures?            Yes            No
4. Heart problems or history?        Yes            No
5. High Blood Pressure?                Yes            No
6. Lung Disease?                        Yes            No
7. Kidney Disease?                      Yes            No
8. Asthma History?                      Yes            No
9. Alergic Reactions?                 Yes            No
10. Back Injury History?                Yes            No  
    Explain:
11. Joint injuries?                        Yes            No  
    Explain:
12. Any Surgical Procedures?         Yes            No  
    Explain:
13. Physical Limitations?              Yes            No  
    Explain

It is always our recommendation to consult with a physician before exercising.

# Boot Camp Liability Waiver

## Authority to Treat

I, the undersigned give the instructors staff and responsible adults the power to authorize medical or other treatment of the person named under Participants Name subject to the limitations listed below, if any, if I am not the person so named, I am the parent, guardian or adult responsible for the person named and I have the legal right to grant this power. Treatment may be made without regard to whether I or any other parent guardian or adult responsible has been contacted or has consented to the specific treatment, provided it does not conflict without the limitations outlined below. This authority begins on the date signed and continues indefinitely.

Limitations to treatment \_\_\_\_\_

Information of medical significance \_\_\_\_\_

By giving my authorization, I assume responsibilities for all decisions made provided they are reasonable decisions under the circumstances based upon the knowledge and understanding of the person making the decisions and I trust their judgment and offer the benefit of the doubt to them in any claim or legal proceeding. This presumption may only be overcome by clear and convincing evidence that they with malice or willful gross negligence, and if so, they may still be liable.

I understand that the instructors senior students or others may have some skills in first aid, CPR, and at their discretion I authorize them to use those skills and techniques to assist in any circumstances in which they judge their skills would be necessary or helpful.

## Advisory of rights and responsibilities

Safety is not the sole responsibility of instructors and staff. Everyone in class is responsible for their own safety and the safety of those around them. All participants have the right and responsibility to excuse themselves from any activity they believe will be harmful to them. All students must evaluate each situation in the context of their skill and current physical condition, and conduct each drill in a manner that is safe. If an instructor gives an instruction that is unsafe for the student, it is the student's responsibility to inform the instructor that the skill may be unsafe. The instructor may excuse the student from these drills. An explanation may be expected. All students have a responsibility to train and conduct themselves in a manner that helps all students and instructors remain safe. Students must give those who are training enough room to avoid interfering and avoid being accidentally struck by someone else practicing, during exercise.

In the event of an injury, students have the right and responsibility to evaluate the extent of harm, stopping what they are doing even if it includes a partner, and determining if it is safe to continue. Unless a student is certain that further practice will not create or worsen a problem students are encouraged to stop what they are doing and inform the instructor. In the event of a serious injury or appearance of a serious injury, all students, instructors, staff and visitors, notably parents, have the right to call a stop to particular training exercise.

If a student notes an unsafe training situation then the student is expected to correct the situation if within his ability or notify an instructor or staff member immediately.

## Assumption of responsibilities and risk

Soreness, floor burns, sore knuckles-irritated skin (bagwork) bug bites (outside training) do occur and most students will encounter this sort of minor soreness/injury from time to time in their training. More serious injuries are possible including sprains, strains, twists, cramps, and injuries of similar magnitude and students can expect to encounter these injuries infrequently. The possibility of more serious injury exists including fractured bones, broken bones, torn ligaments, though it is a rarity.

I understand the above statements of risk and I understand the rights and responsibilities of students I assume responsibility for my own safety. Even though no serious injuries have ever happened in this school, this does not mean it cannot happen. I completely absolve all instructors, staff, guests, students, landlords, management

companies and any and all other parties of liability for my harm, unless intentionally caused in criminal conduct.

### **Notice and Consent to Instructors**

This school seeks to make use of highly trained professional instructors with both expertise and experience both in the art we teach and in teaching. Classes may be taught by any of the qualified instructors. The choice of the instructor is left to the discretion of the school.

I understand that I may not always have the instructor I desire but I shall seek to learn from whomever is teaching to show the respect due the position of instructor. I understand that I have the responsibility for my own safety without regard to who is teaching the class. I specifically consent to any instructor the school feels are qualified to any standards they set to teach the class. I specifically understand and agree the full force of this document applies no matter who is teaching.

### **Arbitration clause**

Should any dispute arise between me, regarding this school, then I specifically agree that the dispute shall be resolved in binding arbitration. Should a suit be filed in court I specifically authorize the court to order the case to binding arbitration.

Severability if any clause sentence, phrase, or statements is found unenforceable or invalid by any court of law the remainder of the document shall remain valid enforceable and the invalid clause sentence phrase or statement be considered struck from the document.

### **Durability**

This document is effective from the date with no expiration. Furthermore the terms of is document are retroactive to the beginning of training and visiting the school if this document was signed after that date.

I have read this document and agree to abide by the terms

**Student Signature or Name** \_\_\_\_\_ **Date** \_\_\_\_\_

Your signature will be required upon enrollment. Submitting this form additionally provides your approval.

## Program Pricing

Join the convenient program that works best for you.

Single	<u>Check one</u>
a.3 days per week	\$149
b.4 days per week	\$189
c.5 days per week	\$249

Buddy System ( pricing is for 2 total )

	<u>Check one</u>
a.3 days per week	\$249
b 4 days per week	\$299
c.5 days per week	\$349

Name \_\_\_\_\_

Payment amount: \_\_\_\_\_

