

Broward County Boot Camp (Weston & Pembroke Pines Locations), REGISTRATION

1. Print your information clearly or type
2. **Fax to (954)-301-0441** or mail to:
 Broward County Adventure Boot Camp / 911 Fitness
 18520 NW 67 Ave # 193
 Miami, Florida 33015
 If you are paying by check, please make payable to 911 Fitness.
3. You will be notified to schedule your pre-camp evaluation (if needed for your program).



Name: _____
 Street: _____
 City: _____
 State: _____
 Zip: _____
 Profession: _____
 Date of Birth ____/____/____
 Home Phone (____) _____
 Work Phone (____) _____
 Fax Number (____) _____
 E-mail _____@_____

I rate my current fitness level as a ____ (1-10), ten being high.
 I was referred by _____

Emergency Contact and phone number _____

I will be paying by: (circle one) **Check** **MasterCard** **Visa** **American Express** **Discover**

Name on the Card:	
Credit Card Number:	
Card Expiration Date:	
CVC Code*	
Your Signature:	

***Visa and Mastercard**

In the signature box on the back of your Visa you should see a 16-digit credit card number followed by a special 3 digit code. This 3 digit code is your CVC.

American Express

On the front of your card next to your main credit card number look for a 4 digit code. This 4 digit number is the Card Security Code.

What is the name, location & time of the program you are joining?

_____ Price of program \$ _____

If paying by check, please make payable to 911 Fitness, Inc., 18520 NW 67 Avenue, Suite 193 Pembroke Pines, FL 33015. 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.)?
2. Do you take any prescribed medication on a permanent or semi-permanent basis?

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? Never Seldom Occasionally 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 911 FITNESS, its officers, subsidiaries, affiliates, and executors in addition to the City of Pembroke Pines, and the county of Broward. The purpose of 911 Fitness 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 Jim Sayih, LEAD trainer for 911 Fitness, 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 Jim Sayih/911 Fitness does not guarantee neither good nor bad will occur nor guarantees the training advice given by Jim Sayih/911 Fitness 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 Jim Sayih/911 Fitness 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 Jim Sayih/911 Fitness 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.

Signature

Printed Name

Date