



## REGISTRATION FORM

Please fill out the form below to complete your Boot Camp Application. After we have reviewed your application and received your registration fee, we will contact you to schedule your personal pre-camp evaluation. We look forward to seeing you at Boot Camp! \* Denotes required field

### GENERAL INFORMATION

Full Name\*: \_\_\_\_\_

E-mail Address\*: \_\_\_\_\_

Address\*: \_\_\_\_\_

City\*: \_\_\_\_\_ State \_\_\_\_\_ Zip\*: \_\_\_\_\_

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

Date of Birth\*: \_\_\_\_\_ Current age: \_\_\_\_\_

Select Camp Date and Time\* \_\_\_\_\_

Location of Camp: \_\_\_\_\_ Select Number of Days per Week\* \_\_\_\_\_

Is this your first camp?\*                      Yes   No

Select Shirt Size\*                              S   M   L   XL   XXL

Emergency Contact & Phone\*: \_\_\_\_\_

Home Phone\*: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

I was referred by: \_\_\_\_\_

My main goal is to\*: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about us / find us? \_\_\_\_\_

## MEDICAL HISTORY

If you are returning and have no medical changes, the medical section below does not need to be completed. All agreements remain the same. \* All medical fields required

1. Are you allergic to any medication (aspirin, penicillin, sulfa, etc.)? Yes No  
Please list:
2. Do you take any prescribed medication on a permanent or semi-permanent basis? Yes No  
Please list all:
3. Do you have a seizure disorder (epilepsy)? Yes No
4. Do you have diabetes Adult or Juvenile? Yes No
5. Have you ever been found to be anemic (low blood count)? Yes No
6. Do you have High Blood Pressure (hypertension)? Yes No
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
9. Have you ever had a severe neck injury? Yes No
10. Have you ever been knocked out? Yes No
11. Do you wear glasses or contact lenses? Yes No Which? \_\_\_\_\_
12. Have you had a broken bone or fracture in the past 2 years? Yes No
13. Have you ever injured your back? Yes No
14. Do you have back pain? Never / Seldom / Occasionally / Frequently with vigorous exercise
15. Have you had knee pain in the past 2 yrs. that has disabled you for longer than a week? Yes No
16. Do you have other physical conditions which cause pain? Yes No
17. Please detail any surgical procedures:
18. What are your goals for the next three months?
19. Have you had your body fat tested? Yes No Do you know what % it was? \_\_\_\_\_
20. Are you training for a specific event? Yes No

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

## RELEASE

This release is entered into between the undersigned and New Hampshire Adventure Boot Camp, its officers, subsidiaries, affiliates, and executors in addition to the Cities of Bristol and Plymouth, NH. The purpose of NH 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 it is recommended to consult a physician prior to starting any health/fitness/nutrition program.
2. Acknowledges that Audrey Simpson, CPT, CAFT is not a physician and is not trained in any way to provide medical diagnosis, medical treatment, or any other type of medical advice. I am aware that she agrees to maintain her current CPR certification.
3. Acknowledges that coaching/training is another tool for teaching athletes/individuals about themselves, but that NH Adventure Boot Camp does not guarantee neither good nor bad will occur nor guarantees the training advice given by NH Adventure Boot Camp will produce good nor bad results.
4. 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 notify the Boot Camp Director and contact a physician at once.
5. Acknowledges that boot camps, aerobic classes, 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/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 NH Adventure Boot Camp for the undersigned participating in said sporting events and/or training for said sporting events.
6. Boot Camp client shall not, after completing boot camp, engage directly or indirectly, either personally or as an employee, associate partner, partner, manager, agent or otherwise, or by means of any corporate or other device, in the outdoor fitness or boot camp fitness business within Grafton County. The Undersigned agrees that this is the full agreement between the parties, that NH 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.

Checkmark the following: \* All boxes must be checked

I agree to show up for Boot Camp every day I have signed up for unless I have notified my Boot Camp director in advance or it is an excused absence from my doctor.

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 a separate 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 cannot be used towards any other products or services provided by NH Adventure Boot Camp.

I understand that diet and nutrition will affect my fitness goals and performance during boot camp.

I also will: bring a positive attitude; respect others with varied fitness levels; set my alarm and be at camp on time; plan to have fun!

**I have read and agree to the above terms and conditions**

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Signature

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Printed Name

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Date (MM/DD/YYYY)\*

Payment Method\*

Mail Check / Money Order  
Audrey Simpson  
c/o NH Adventure Boot Camp  
25 Kingwood Lane  
Bridgewater, NH 03222  
info@nhbootcamp.com  
Phone: (603) 254-8654

5 DAY CAMP \$299

3 DAY CAMP \$199

\*Call for pricing on 2 and 4 day camps

\*First time campers will receive a free NH Adventure Boot Camp t-shirt!