



REGISTRATION FORM

Welcome back camper! Please fill out the modified registration form below to complete your Boot Camp Application. I look forward to seeing you at Boot Camp!

GENERAL INFORMATION

Full Name*: _____

E-mail Address*: _____

Select Camp Date and Time* _____

Location & Dates of Camp: _____ Number of Days p/ Week* _____

Emergency Contact & Phone*: _____

Home Phone*: _____

Work Phone: _____

Cell Phone: _____

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

My main goal is to*: _____

MEDICAL HISTORY

If you are returning camper and have **no medical changes**, a new medical history form is not necessary. However, if there have been any medical or prescription changes, please explain below.

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

Signature

Printed Name

Date (MM/DD/YYYY)*

Payment Method*

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

4-WEEK / 5 DAY CAMP	\$299	NOW \$269!
4-WEEK / 3 DAY CAMP	\$199	NOW \$179!