Welcome to The NEW Rancho Boot Camp

Hosted by FFBC

**Congratulations on your choice to get Fit and have Fun!**

**We are Honored You Chose FFBC!**

**Important Details:**

* BC meets M,W,F at Day Creek Park (on the tennis courts)
* **REQUIRED**: Arrive a few minutes early . . . Class starts at EXACTLY 5:30 am!!!
* Feel free to set up & walk around to start the body moving before class.
* ***EQUIPMENT NEEDED****: 8 lbs hand weights, a yoga mat and water each day.*
* Be as ***CONSISTENT*** as possible this 1st Month. If you MUST miss a day, let Your Favorite Trainer know in advance! (text or email) But try NOT TO!
* If you have an unusual ache or pain, tell Your Favorite Trainer immediately. We want to HELP keep you moving.
* Running Shoes are the best shoes for camp. (Not cross-trainers or walking shoes) If you have questions about shoes please Ask Your Favorite Trainer for advice.
* **Recommended**: if you eat before class please make it small (an apple). **HIGHLY** Recommended to bring a small snack for after to keep your blood sugar levels stable. (ie: banana, orange, apple). Always have water.
* **DURING CAMP**: Be courteous to neighboring homes by not SCREAMING!
* Avoid all four letter words except “Yeah!” (cussing will incur BURPEES)
* **IMPORTANT: DO NOT carry on a conversation during the workout. If you want to talk GO TO THE GYM, that’s all they do there . . . We on the other hand ARE UP AT 5:30 AM TO WORK! (Talking will result in 5 mins in The Penalty Box)**
* Give 110% effort AND Please have FUN . . .

**Your Boot Camp Adventure Begins**

**Promptly at: 5:30 am - 6:15 am**

**Location:** Day Creek Park

Banyan / Day Creek in RC

\*\*\*All attempts will be made to hold camp outdoors. Sometimes the weather does not cooperate. If necessary, camp MAY be moved to the Studio on Arrow & Archibald. In the event the weather seems questionable please check your email when you awake.\*\*\*

fitnessfunbootcamp@gmail.com 909-957-2358

**REGISTRATION FORM**

**Follow these simple instructions:**1. We prefer you complete this and email to fitnessfunbootcmap@gmail.com

2. *This info must be filled out in order for you to participate on your first day.*

3. If you have medical issues that you think might preclude you from participating give us a call, prior to your first day, so we can discuss it!

***NOTICE:*** *It is wise to seek your doctor’s advice before beginning any health or fitness program!*

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Profession: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is my first camp \_\_\_\_ The last camp I attended was \_\_\_\_

I can be reached at (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_ I understand I may receive text messages from FFBC \_\_\_\_

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_ I understand I will be emailed by FFBC**\_\_\_\_\_\_**

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

Current Fitness Routine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My GOAL for Joining This Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do You Need Help With Your Diet?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL HISTORY**

1. Are you allergic to any medication (aspirin, penicillin etc.)?
2. Do you take any prescribed medication on a permanent or semi-permanent basis? If Yes, list\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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 Describe:

10. Have you ever been knocked unconscious? Yes/No Describe:

11. Have you had a broken bone or fracture in the past 2 years? Yes/No Describe:

12. Have you ever seriously injured your back? Yes/No

How often do you experience back pain? Never / Seldom / occasionally / frequently with vigorous exercise or heavy lifting Describe:

13. Have you had knee pain in the past 2 years that has disabled you for longer than a week? Describe:

14. Do you have other physical conditions which cause pain or would preclude you from attending Boot camp? Yes/No If Yes, Please Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Gentlemen skip questions 15 and 16.**

15. Are you pregnant? Yes/No

16. Did you have a baby within the last 6 months? If so when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

17. Detail any surgical procedures:

18. Are you training for a specific event? If yes, explain:

19. **What specifically do you want to accomplish during your first camp?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20. **What programs and diets have you participated in, in the past?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

21. **Which of those programs worked for you and which didn’t?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

22. **What are you willing to do different this time? What are you willing to change in order to get the results you are after?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Initial the following:**

\_\_\_\_\_\_ I agree not to use foul language during boot camp. Violations will result in twenty push-ups per incident

\_\_\_\_\_\_ I agree not to eat or say the words ***Twinkie*,** Krispy Kreme, donuts, frappucinos, french-fries, pizza, ice cream, soda, chocolate bars, chips, pies, pastries, or cupcakes 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 there is no refund policy**, but I can receive a credit (for unused portion of camp) towards a future camp, at FFBC’s discretion, 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 FFBC.

\_\_\_\_\_\_ I will remember to set my alarm and be at camp ON TIME.

**Liability Waiver and Photo Release Form**

This release is entered into between the undersigned and Fitness Fun Boot Camp (known going forward as FFBC). The purpose of FFBC is to provide health and fitness instruction.

The undersigned hereby acknowledges and agrees to the following:

1. Acknowledges that FFBC nor Cathy Gonzalez, nor Emilio Gomez, nor The City of RC or the employees and contractors working for either one are not a physician and are not trained in any way to provide medical diagnosis, medical treatment, psychotherapy, or any other type of medical advice.

 2. Acknowledges that fitness training is another tool for teaching individuals about themselves, but that FFBC does not guarantee neither good nor bad will occur nor guarantees the coaching advice given by FFBC or representatives will produce neither good nor bad results.

3. That I am participating in the Health & Fitness Classes, Programs, or Workshops offered by FFBC. during which I will receive information and instruction about health and fitness.  I recognize that fitness programs require physical exertion which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.

4. The undersigned acknowledges that FFBC nor Cathy Gonzalez, or the employees and contractors working for either one may suggest exercise as part of my fitness program/lifestyle management. I further understand that swimming, cycling (on or off road), in-line skating, triathlon, weight training, aerobic classes, martial arts, kick boxing, 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, 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 waives, releases, discharges and agrees not to sue from any liability of death, disability, personal injury, or action of any kind FFBC. nor Cathy Gonzalez, nor Emilio Gomez, nor the City of RC or the employees and contractors working for either for the undersigned participating in said sporting events and/or training for said sporting/fitness activities.

5. In consideration of being permitted to participate in the Health & Fitness Classes, Programs, or Workshops, I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, which I might incur as a result of participating in the program.

6. In further consideration of being permitted to participate in the Health & Fitness Classes, Programs, or Workshops, I knowingly, voluntarily, and expressly waive any claim I may have against FFBC for injury or damages that I may sustain as a result of participating in the program.

7. I, my heirs, or legal representatives’ forever release, waive, discharge, and covenant not to sue FFBC, nor Cathy Gonzalez, nor Emilio Gomez, not the City of RC or the employees and contractors working for either one for any injury or death caused by their negligence or other acts.

8. I understand that is my responsibility to consult with a physician prior to and regarding my participation in the Health & Fitness Classes, Programs, or Workshops. I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation in the Exercise Classes, Health Programs, or Workshops.

9. Photo release: In connection with my participation in the FFBC Health & Fitness Classes, Programs, or Workshops, I consent to the use of my photograph or other likeness in the promotional and other materials of FFBC without payment or other consideration made to me.

10. The Undersigned agree that this is the full agreement between all parties and that Fitness Fun Boot Camp nor Cathy Gonzalez, nor Emilio Gomez, nor the City of RC or the employees and contractors working for either one 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.

I have read the above informed consent, waiver of liability, and photo release and fully understand its contents.  I voluntarily agree to the terms and conditions stated above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_

Parent or Guardians Signature