

Woodridge Boot Camp

Send Registration form to:

Woodridge Baptist Church
5707 Kingwood Dr.
Kingwood, TX 77345

Please make checks payable to
Woodridge Baptist Church.

Boot Camp Registration Form

Name: _____

Address: _____ City: _____ Zip Code: _____

Phone: Home _____ Alternate _____

email: _____

D.O.B. ____/____/____ Primary Physician's name: _____

Emergency Contact Name and Phone Number: _____

Height: _____ Weight: _____

Select a boot camp session:

Class Time: 5:15am Tuesday, Thursday

- ___ **August 31 - September 23:** 4 weeks (8 sessions)
___ **September 28 - October 21:** 4 weeks (8 sessions)
___ **October 26 - November 18:** 4 weeks (8 sessions)

Please list any injuries, chronic illnesses (diabetes, COPD, asthma, etc) chronic aches and pains, previous surgeries or any other physical condition or ailment that may manifest itself during training or affect your training? Please describe in detail.

Please list previous sports or workout experience? _____

Are you currently on any medications? If so, please list:

Do you have any allergies to medications? If so, please list:

What prompted you to join this program?

What do you specifically hope to accomplish during this session?

Are you willing to commit to coming to every workout to make your goals a reality?

Disclaimer

During your exercise program, every effort will be made to assure your safety. However, as with any exercise program, there are risks, including increased heart stress and the chance of musculoskeletal injuries. In volunteering for this program, you assume responsibility for these risks and waive any possibility for personal damage. You also agree that, to your knowledge, you have no limiting physical conditions or disability that would preclude an exercise program. If you do have any medical issues that may be of concern, you further agree that a physician has cleared you to participate in a training and nutrition program.

A physician's examination is recommended for (1) all participants with any exercise restrictions; and (2) all men >44 years old and all women >54 years old. Coaching participants in either or both of these categories who do NOT have prior physician examination MUST acknowledge they have been informed of its importance. By signing below, you accept full responsibility for your own health and well-being and you acknowledge an understanding that the leaders of this program assume no responsibility.

Signature: _____ Date: _____

I Agree to the Following (Please sign below):

I will not use foul or offensive language of any kind.

I will not ridicule or mock any other participant. Get Sexy Boot Camps are a safe environment for everyone to push themselves physically and mentally and I will make it a point to foster this environment. If I do hurt someone else physically or create an environment that is hurtful or unsafe for others, then I will be asked to leave the camp without a refund.

I will listen to the coach's instruction without side talk or interruptions. If you fail to do so and the coach has to repeat him or herself as a result of this, you will be given one warning. If you continue to be a disruption, then you will be asked to leave the current workout in the best interests of the group. However, please feel free to push and encourage each other during all other times.

I fully understand that it is entirely up to me, and me alone, to do what has to be done to get results. Therefore, I understand that:

Exercise AND Nutrition will directly affect any goals to be achieved from the Boot Camp (both good and bad). **I FULLY understand that I should not expect noticeable results if I am less than 90% compliant to BOTH my exercise program AND my nutrition program.**

I agree to come to every workout in a timely manner by arriving to perform my pre-workout routine at least 5-10 minutes, but ideally 15 minutes, before the official start of the workout. I will not be allowed to participate if I arrive more than 10 minutes after the official start of that workout, as I will have missed the critical group warm-up. I understand that this warm-up is an essential part of having both a productive workout and preventing both short-term and long-term injuries. Furthermore, I will only be provided with one "late pass" per phase of the program, unless there are extenuating circumstances beyond my control as agreed upon by my head coach. I fully understand that if I am more than 10 minutes late on 2 separate occasions during any phase of the program, I will only be allowed to re-join the group during the next phase of the program without refund. I agree to come to every workout with the exception of a doctor-approved absence, family emergencies, or a pre-approved absence from a coach.

I understand that there are **no refunds for absences**. No exceptions! I am committed to consistently attending the scheduled Boot Camps, so this is not a concern for me.

I understand that there are no refunds once the camp started. If I cannot attend the camp, a credit will be issued for a future camp of the same length.

I will have a positive attitude, have fun and not use the words "no", "can't". Instead I will say, "I will try my best" (or something like that). I will allow the coaches to push me and show me that I am stronger than I ever imagined.

Signature: _____ Date: _____

BFC Fitness Video Release/Waiver

I am aware that BFC Fitness may record workouts/ boot camps for later use on television segments, websites, promotional materials, or in any other way they see fit.

By signing this document I hereby authorize BFC Fitness to use my name and likeness, voice, verbal statements, video taped pictures for any of the aforementioned purposes.

Print Name: _____

Signature: _____ Date: _____

Each Boot Camp Must Be Paid in Full Before Starting.

We recommend you mail us the sign up form and check (or pay online with PayPal) to reserve your place in the boot camp.

Enrollment for each boot camp ends on the first day of the boot camp.

WE CANNOT TRAIN YOU WITHOUT FULL PAYMENT AND FORMS FILLED OUT BEFORE THE FIRST WORKOUT-NO EXCEPTIONS!

We do not provide refunds.