



*seriously fun fitness*  
**Special Order Boot Camp  
 Registration Form**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ E-mail \_\_\_\_\_

Present Fitness Level (circle one)      Beginner      Regular Exerciser      Competitive Athlete

What athletic activities or sports have you done in the past?

Are you involved in a sport or exercise program now? \_\_\_\_\_ If so, please describe the activity, frequency, duration, and intensity.

How long would it take you to run or walk one mile? \_\_\_\_\_

Please note any other information that would be helpful in designing your program.

Fitness Goals    Fat-loss    Total Fitness    Toned Muscles    Strength    Core Stability    Sports Enhancement

Other \_\_\_\_\_ Ultimate Fitness Goal \_\_\_\_\_

What has prevented you from attaining or maintaining your goals? \_\_\_\_\_

Are you ready to make lifestyle changes to reach those goals? \_\_\_\_\_

Are you willing to push through high-intensity workouts that produce real results? \_\_\_\_\_

4-Week Program Fees:                      1 x Week - \$100 per person                      2 x Week - \$180 per person

Location _____	# in Group _____	Coordinator _____	Start Date _____
Days and Times Selected	M _____	T _____	W _____ TH _____ F _____
Days per Week _____	Amount Paid _____	Method: <input type="checkbox"/> Online <input type="checkbox"/> Cash <input type="checkbox"/> Check	Date _____

Please make checks payable to **Dynamic Fitness Concepts**. Thank you!

[karenward@charter.net](mailto:karenward@charter.net)

**678 779-3387**

**Liability Waiver**

I, \_\_\_\_\_, give my consent to voluntarily participate in Dynamic Fitness Concepts, Inc. fitness programs. I have an understanding of my current health status and fitness level. I understand it is my responsibility to inform Dynamic Fitness Concepts, Inc. staff members prior to participating in any activity of any physical limitations and to monitor my level of exertion and pace myself accordingly.

In case of a medical emergency, and if medical services are unavailable, I give permission to any staff member of Dynamic Fitness Concepts, Inc., to transport myself to the nearest medical facility for treatment.

I hereby release Dynamic Fitness Concepts, Inc., their staff or representatives from any responsibility and liability for any injury or health consequence that may occur from participation in this exercise program.

I have read the foregoing, and I understand it. Any questions that may have occurred to me have been answered to my satisfaction.

Signed \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_