

# BOOT CAMPS FOR LIFE.com

## BOOT CAMPS FOR LIFE REGISTRATION FORM

PLEASE FAX THIS FORM TO: Boot Camps for Life 281-392-4284

OR MAIL TO: 22507 Goldstone Drive Katy, TX 77450

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

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

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

Date of Birth \_\_\_\_\_ Gender: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

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

How did you find out about Boot Camps for Life? (please circle one)

Street Sign    Postcard    Internet Search    Friend (name) \_\_\_\_\_ Other \_\_\_\_\_

Emergency contact name and phone number: \_\_\_\_\_

### PERSONAL MEDICAL HISTORY

**Please answer yes or no in the corresponding boxes and explain each yes response.**

1. Do you have any medical conditions that would prevent you from participating in exercise?  
yes    no    If yes, please list and describe below.

2. Have you ever had an injury that would prevent you from participating in exercise?  
yes    no    If yes, please list and describe below:

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

3. If you answered **yes** to either of the questions above, Do you have your physician's **authorization** to participate in this program?

If answered yes to Question 1 or 2 and no to Question 3, we can not allow you to participate until you receive a medical clearance.