

BODY BLAST BOOTCAMP REGISTRATION FORM

Name: _____ Date: _____

Date of Birth: _____ Sex: M F

Address: _____

Phone: _____ Email: _____

Member e-mails are auto added to an e-newsletter distribution list. Please indicate if you would not like to be added. Add: (circle) Yes No

Physician's name and number: _____

How did you hear about KCFITNESSLINK? _____

Person to contact in case of emergency:

Name: _____ Phone: _____ Alt. Phone _____

Are you taking any medications or drugs?

Name of Drug	Dosage	Frequency

Are you taking any over the counter dietary supplements, ergogenic aids or herbal remedies?

Current exercise program:

- | Do you now, or have you in the past: (explain "yes" on back) | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| 1. History of heart problems, chest pain, or stroke? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. History of heart problem in immediate family member? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Increased blood pressure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Any chronic illness or condition? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Difficulty with physical exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Advice from physician not to exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Recent surgery (last 12 months)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Pregnancy (now or within last 3 months)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. History of breathing or lung problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Muscle, joint, or back disorder, previous injuries? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Diabetes or thyroid condition? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Cigarette smoking? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Increase blood cholesterol? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Hernia or any condition that could be aggravated by lifting weights? | <input type="checkbox"/> | <input type="checkbox"/> |

WAIVER/RELEASE

By signing this document, I assume all risk for my health and well being and hold harmless KCFITNESSLNK of any responsibility, the instructor, facility or any persons involved with this program and/or testing procedures. I understand that questions about exercise procedures and recommendations are encouraged and welcomed. I understand there are inherent risks in any exercise program. I hereby waive, release and forever discharge KCFITNESSLINK and all others from any and all responsibilities or liabilities from injuries or damages resulting from my participation in any bodywork or fitness activities. I do hereby declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation or use of equipment or machinery except as herein stated. I acknowledge that I have been informed that is recommended that I contact my physician and have a physical examination and consultation before beginning an exercise program. All sales are final (non-refundable).

Name: _____ Date: _____

PRICING/SESSIONS

PLEASE CHECK ALL THAT APPLY.

- Session 1: May 17-June 7
- Session 2: June 14-July 5

Check one:

	Single	Couple	Group Rate
Discount Pricing (2 sessions)	<input type="checkbox"/> \$90	<input type="checkbox"/> \$140	Call for quote
Discount Pricing (1 session)	<input type="checkbox"/> \$50	<input type="checkbox"/> \$75	Call for quote
I will pay as I go	<input type="checkbox"/> \$20		

WEATHER POLICIES

KCFITNESSLINK reserves the right to cancel/and or reschedule classes when weather threatens the safety of the class. Class cancellation information will be posted to www.kcfitnesslink.com/schedule.html and members will be e-mailed any cancellations at their registered address. Classes will still be held in light rain. Dress appropriately with rain gear and waterproof shoes.

AUTHORIZATION/CREDIT CARD

I authorize KCFITNESSLINK to charge my credit card for (total from above) \$ _____

Name: _____

Signature: _____ Date: _____

Email (please print): _____

Credit Card Number: _____

Credit Card Type: Visa Mastercard

Expiration Date (month/year) : _____

Amount Charged from above: _____

Name as it appears on the card : _____

3 Digit security code from back of card: _____
(American Express: code on front of card)

Billing Address, City, State, Zip: _____

Please mail/fax application and payments to:

3909 Main
Kansas City, Missouri 64111

OR

Fax: 816.841.2945

Questions:

Phone: 816.256.4443

Email: info@kcfitnesslink.com