



Transform Your Body | Transform Your Mind | Transform Your Life

REGISTRATION FORM

1. Please select/confirm Fitness Camp choice:

- 4 Week/5 Day Fitness Camp - \$299.00
- 4 Week/4 Day Fitness Camp - \$249.00
- 4 Week/3 Day FitnessCamp - \$199.00

(*if registering within 48 hours of start of camp payment via check or money order is preferred, please email this completed form and bring payment to first day of class. An email confirmation will be sent upon receipt of email of the email).

2. Select/Confirm Fitness Camp Session/Dates: _____

3. Please complete the entire form choosing camp option and payment option, then email, FAX or mail form into:

Email: info@transformfitnesscamp.com

Fax: (949) 455-0056

Mail: Transform Fitness Camp
26741 Portola Prkwy. Suite 1E, #441
Foothill Ranch, CA 92610

(be sure to include the entire address when mailing)

Payment Options (check one)

- Check or money order (made out to **Transform Fitness Camp**)
- I paid online using PAYPAL

Name: _____

Address: _____

Date of Birth: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

Emergency Contact & Number _____



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Select one:

I would rate my fitness level as a **Beginner** (works out 1-2 times a week or less in the last 12 month with resistance/cardio training).

I would rate my fitness level as that of **Intermediate** (works out 2-3 times per week with resistance/cardio training consistently).

I would rate my fitness level as that of **Advanced** (works out 3-5 times per week with resistance/cardio training consistently).

MEDICAL HISTORY

Have you ever injured your back?	No _____ Yes _____ Describe _____ _____
Do you have back pain?	Never? _____ Occasionally? _____ Frequently with resistance training or cardio? _____
Do you have knee pain?	Never? _____ Occasionally? _____ Frequently with resistance training or cardio? _____
Do you have other physical conditions that cause pain?	No _____ Yes _____ Describe _____ _____
Have you had any sprains or broken bones within a year?	No _____ Yes _____ Describe _____ _____
Have you ever had a neck injury?	No _____ Yes _____ Describe _____ _____
Have you had any surgical procedures?	No _____ Yes _____ Describe _____ _____
Do you have asthma?	No _____ Yes _____
Do you have high blood pressure?	No _____ Yes _____ List medications _____ _____

Do you have or have you ever had the following diseases?	
heart disease _____ diabetes _____ kidney disease _____ liver disease _____ lung disease _____	
Are you allergic to any medication?	No _____ Yes _____ Describe _____
Do you take any prescribed medications?	No _____ Yes _____ List _____
Do you have a seizure disorder?	No _____ Yes _____

GOALS

What are your fitness and health goals?

What would you personally like assistance with most regarding fitness, health & nutrition?

Are you training for a specific event or special occasion? No _____ Yes _____

What event? _____

How did you hear about Transform Fitness Camp and/or whom can we thank?

**WE RECOMMEND SEEKING YOUR DOCTOR'S ADVICE BEFORE
STARTING ANY EXERCISE PROGRAM!**

WAIVER RELEASE FORM

This release is entered into between the undersigned and Transform Fitness Camp, its officers, subsidiaries, affiliates, and executors in addition to the Cities of Foothill Ranch, CA and Rancho Santa Margarita, CA.

By signing and initialing this document, I acknowledge that I have been informed of the need to obtain a physician's examination and approval prior to beginning this exercise program. I fully understand that the program may be strenuous and choose to participate completely voluntarily. I accept all responsibility for my health and resultant injury or mishap that may affect my well-being or health in any way. I hold harmless of any responsibility the instructor, facility, city or any persons involved with this program or testing procedures.

I understand and acknowledge that the team members of Transform Fitness Camp and its associates are not physicians and are not trained in any way to provide medical diagnosis, medical treatment, or any other type of medical advice. I understand and acknowledge that the undersigned has advised if they feel exhausted or fatigued, feel pain or feel out of the ordinary in any way either related to your training, or otherwise, that the undersigned should contact a physician at once

I understand that I am responsible for my attendance and that there are no refunds for missed days. Should there be circumstance beyond my control, I am able to, at the discretion of the instructor, receive credit for unused portions of camp to use on future Fitness Camp days if notified prior to missing.

I understand and agree that I determine now to finish camp! The power of choice is in my hands and I choose to show up ever day for best results and for rock star bragging rights. I am ready to rock it!

Date _____

Type or Print Name _____

IF EMAILING: Yes, I acknowledge & agree to the above entirely (type initials)_____

IF FAXING OR MAILING: Signature _____

Upon receipt, Transform Fitness Camp will contact you upon receipt with confirmation of registration and give you all the details.

Questions? (949) 709-1040 or Info@TransformFitnessCamp.com