



# BOOT CAMP

A WORKOUT FOR EVERYONE

Client's Name \_\_\_\_\_ D.O.B \_\_\_\_\_

Address \_\_\_\_\_

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

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

Email \_\_\_\_\_

Have you exercised in the past 12 months? [ ] Yes [ ] No If yes what type \_\_\_\_\_

Please list any medications you are taking: \_\_\_\_\_

Please list anything you would like our instructors to know about past injuries or health concerns:

ALWAYS CONSULT A PHYSICIAN BEFORE BEGINNING A WORKOUT PROGRAM

How did you find out about our Indoor Boot Camp sessions? \_\_\_\_\_

Would you like to be added to our email contact list? [ ]yes [ ]no

**Please sign below to complete registration:**

X I \_\_\_\_\_ realize that Boot Camp, Karate, and Tae Kwon Do are contact sports and that serious injury or death may result. I agree to assume all risks incident to training. I release Franklin Management, Inc. d/b/a Gallop's Karate School and/or anyone associated with this organization, of all liability and agree to hold them harmless and to indemnify them against any expenses or loss incurred by reason of any claims or demands on account of injury or death to any person(s) or loss of any personal property arising out of, or in connection with my association with Franklin Management, Inc d/b/a Gallop's Karate School.

X \_\_\_\_\_

Signature