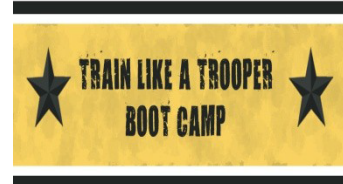




Registration



Personal Information

Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Home Phone: _____ Cellphone: _____

E-mail address: _____

Date of Birth: _____ Height: _____ Weight: _____ Weight:(1 yr ago) _____

Choose Your Session

Train Like A Trooper Boot Camp

1st Session Mon – Wed – Fri 5:30 AM – 6:15 AM - \$195

2nd Session Mon – Wed – Fri 6:30 AM – 7:15 AM- \$195

3rd Session Mon – Wed – Thu 6:00 PM – 6:45 PM- \$195

“Friends and Family Free Friday” Boot Camp Session – Only 1 per person

Health Inventory Information

Please Mark with "X"

1. Have you exercised within the past six (6) months?
No _____
Yes _____ Please indicate what type of exercise and duration below:
2. Are you dieting?
No _____
Yes _____ What type of diet? _____
3. How would you describe your eating habits?
4. Do you smoke? No _____ Yes _____ (How many cigarettes a day?) _____
5. Do you drink? No _____ Yes _____ (How many alcoholic beverages per week?) _____

Indicate with an "X" any disease or illness you have had or currently have:

- | | | |
|---|---------------------------------|-------------------|
| _____ Heart Attack | _____ Cardiac Catheterization | _____ Stoke |
| _____ High Blood Pressure | _____ Low Blood Pressure | _____ MS |
| _____ Abnormal Stress Test | _____ Heart Trouble | _____ Diabetes |
| _____ Coronary Bypass | _____ Angioplasty | _____ Asthma |
| _____ Knee Problems/Surgery | _____ Chest Pain/Angina | _____ Convulsions |
| _____ High Cholesterol | _____ Limitations of Movement | |
| _____ Difficulty Breathing | _____ Loss of Consciousness | |
| _____ Back Problems/Surgery | _____ Shoulder Problems/Surgery | |
| _____ Irregular Heart Beat or Rhythm Diagnosed by Physician | | |

6. If you answered "Yes" by marking any of the health indicators with "X", please explain further in detail:

7. Are you currently taking any medication?
No _____ Yes _____ (Specify medication type and dosage) _____

8. When was your last physical examination? _____

9. Have you had a stress test?
No _____ Yes _____ (Explain in more detail)

10. Cholesterol profile:
HDL _____ LDL _____ Total: _____

11. Is there anything else in your health history that we should know about?
No _____ Yes _____ (Explain further in detail) _____

Emergency Care Statement

I give consent to the trainers to provide emergency care to me in the form of CPR and/or first aid in cases where deemed necessary. Any other treatment or care that is needed will be provided at my own expense.

Signature _____ Date _____

Emergency Contact

In case of emergency and I am unable to contact anyone, Hauk Fitness, LLC has my permission to contact the following person on my behalf:

Emergency Contact Person _____ Phone _____

Informed Consent Waiver Statement

This waiver and release is entered into between the undersigned and Hawk Fitness, LLC, its' affiliates, instructors, and executors.

- I have answered all questions on this form honestly and to the best of my ability.**
- Boot Camp classes, physical training, personal training sessions, and any other related physical activity is a test of one's physical and mental limits and carries with it the potential for muscle soreness, injury, and even death. The undersigned accepts and assumes the risk for participating in these types of events and activities. I will not hold Hawk Fitness, LLC liable for any injury or death I may incur during training.**

Signature_____Date_____

Do not write below this line – for OFFICE USE ONLY

Form of payment:

**___ Check ___ Cash ___ Debit ___ MasterCard ___ Visa ___ AMEX ___ Discover
Card**