

BERESFORD



Coach Rozy BOOTCAMP Beresford:

**Monday, Wednesday & Thursdays
6:00 am - 7:00 am**

**Location:
Beresford's School Gym
Sessions Coached by Kyle McKelvey & Staff**

New session begins Wednesday, May 31, 2017

***no contract - month to month**

Monthly Fee - \$88.00

TO SIGN-UP TODAY or GET MORE INFORMATION CONTACT:

Brent Palmer - 605-763-2094

brent.palmer@k12.sd.us

Mark "Coach Rozy" Roozen - 817-219-2811

rozyroozen@gmail.com * www.coachrozy.com

Coach Rozy's
Believe & Achieve
Fitness Bootcamp,
Powered by AVERA:

B&A BOOTCAMP may end up outdoors, in the gym or doing a circuit in the weight room. It challenges you to take your fitness to another level! Increase strength, boost aerobic capacity, improve flexibility, lose weight, break through plateaus, and come “play outside the box.” Everyone goes at their own level, so **EVERYONE** can be part of the team and participate in this class. This class is loaded with **FUN** - and helps you **BELIEVE** in your fitness goals, and helps you **ACHIEVE THEM** through this class!

REGISTRATION FORM

Name _____ Age _____

Address _____

State _____ Zip Code _____ Phone # _____

Email Address _____

Male Female Activities Participated In _____

Name of Emergency Contact _____

Phone # _____ Email _____

\$88.00 for monthly fee

***Make Checks or Money Orders to "PRCE"**

Mail Registration or Drop Off to:

PRCE Beresford - C/O Brent Palmer, 305 W. Oak Street, Beresford, SD 57004

CANCELLATION POLICY: Written Cancellation 7 calendar days prior to start date of program will receive a full refund. Inside 7 calendar days prior to start date, a refund less 20% administration fee of full price paid. No refund once program starts. In the case of an injury or major illness, the participant will be granted a credit for future sessions on presentation of a medical note.

SESSION POLICY: All sessions must be paid in advance before any training begins. All sessions will begin at the scheduled time. No refund or credit will be granted if you are late or if you miss a session. You agree to inform your coach of any conditions or changes in your health while participating in the Program. Sessions maybe canceled due to low number of participants.

INFORMED CONSENT:

I have requested participation in the Coach Rozy ACHIEVE AND BELIEVE BOOTCAMP (hereinafter referred to as the "BOOTCAMP"). I understand my participation is voluntary and I may withdraw at any time from BOOTCAMP. Any money paid to the BOOTCAMP is non-refundable. The benefits associated with my participation include information regarding the enhancement of my physiological performance, improved knowledge of activities and methods available for ongoing maintenance/enhancement of personal fitness and physiological response.

Any evaluations and BOOTCAMP participation will be supervised by Coach Rozy staff. I understand that participation in BOOTCAMPS should not result in physical injury to me; however, I acknowledge that in the event of physical injury resulting from participation in BOOTCAMP, no medical treatment or monetary compensation will be provided by Coach Rozy or Coach Rozy staff.. I do have coverage under my own health insurance policy, or that of my legal guardian. I acknowledge Coach Rozy is relying on all information provided by me regarding my medical history and condition before allowing me to participate in BOOTCAMP. I certify the information provided to be true and correct.

Signature of Participant

Date

Health History Form

Date of Birth: _____

Physician's Name: _____ Physician's Phone #: _____

Are you taking any medications or drugs? Please list: _____

Does your physician know you are participating in this exercise program? Yes No

Describe your current exercise program: _____

Do you now, or have you had in the past:

- | | | |
|--|-----|----|
| 1. History of heart problems, chest pain or stroke | YES | NO |
| 2. Increased blood pressure | YES | NO |
| 3. Any chronic illness or condition | YES | NO |
| 4. Difficulty with physical exercise | YES | NO |
| 5. Advice from physician not to exercise | YES | NO |
| 6. Recent surgery (last 12 months) | YES | NO |
| 7. Pregnancy (now or within last 3 months) | YES | NO |
| 8. History of breathing or lung problems | YES | NO |
| 9. Muscle, joint, or back disorder, or any previous injury still affecting you | YES | NO |
| 10. Diabetes or thyroid condition | YES | NO |
| 11. Cigarette smoking habit | YES | NO |
| 12. Obesity (more than 20% over ideal body weight) | YES | NO |
| 13. Increased blood cholesterol | YES | NO |
| 14. History of heart problems in immediate family | YES | NO |
| 15. Hernia, or any condition that may be aggravated by lifting weights | YES | NO |

Please explain any yes answers: _____

The Coach Rozy staff encourages all participants to have a physical exam by their physician before starting any athletic performance enhancement programs.

I certify that the above information is correct.

(Signature): _____ **Date:** _____