

HARTINGTON



Coach Rozy BOOTCAMP Hartington:

**Tuesdays & Thursdays
5:00 am - 6:00 am**

**Location:
Cedar Catholic School Gym**

New session begins Tuesday, August 2, 2016

***no contract - month to month**

Normal Monthly Fee - \$69.00

****Prorated for month of August - \$52.00***

***The school will be resurfacing the floor week of August 9
so there will be no classes that week.***

TO SIGN-UP TODAY or GET MORE INFORMATION CONTACT:

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

rozyroozen@gmail.com * www.coachrozy.com

REGISTRATION FORM

_____ IF YOU HAVE TAKEN COACH ROZY'S BOOTCAMP BEFORE - PLEASE CHECK BOX HERE - YOU DO NOT NEED TO FILL OUT THE ENTIRE FORM: Just your name and contact information

Name _____ Age _____

Address _____

State _____ Zip Code _____ Phone # _____

Email Address _____

___ Male ___ Female Activities Participated In _____

Name of Emergency Contact _____

Phone # _____ Email _____

___ \$69.00 for monthly fee

___ \$52.00 for August Fee

***Make Checks or Money Orders to AVERA WELLNESS.**

**Mail Registration to:
501 Summit Street Suite 3500
Yankton, SD 57078**

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 BOOTCAMP 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): _____