



WA BOOT CAMP

ENROLMENT APPLICATION & WAIVER



NAME _____ DATE OF BIRTH _____

ADDRESS _____ PHONE _____

MOB _____ EMAIL _____

OCCUPATION: _____ DATE: _____

EMERGENCY CONTACT:

Name: _____ RELATIONSHIP: _____ PHONE: _____

(Office Use) PAID _____ DATE _____ BOOTCAMP REP _____
MONTHLY PROGRAMS: BRONZE \$170 3/week SILVER \$200 4/week GOLD \$225 unlimited

Packages available for 3, 6 and 12 month courses – email info@wabootcamp.com.au

[DIANELLA](#)

[KINGS PARK](#)

[SORRENTO](#)



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HEALTH ASSESSMENT

Do you have or do any of the following pertain to your health? If yes please explain.

High blood pressure? _____ Levels _____

Cigarette Smoking? _____ Diabetes? _____ Type _____

Family history of heart disease? _____ Who/age _____

Do you work out regularly? _____ How often? _____ times/week

Are you currently taking medication? _____ Explain _____

Do you have problems in the following areas?

Knees _____ Explain _____

Lower back _____ Explain _____

Neck/Shoulder _____ Explain _____

Hip/Pelvis _____ Explain _____

Any Other _____ Explain _____

INFORMED CONSENT

I agree to participate in WA Boot Camp fitness classes, I recognize that exercise is not without varying degrees of risk to musculoskeletal and/or cardiorespiratory systems. I hereby certify that I know of no medical problems that would increase my risk of illness and injury as a result of participation in a fitness program designed by WA Boot Camp. I understand and have been informed that there exists the possibility of adverse changes during the exercise program. I have been informed that these changes could include abnormal blood pressure, fainting, disorder of heart rhythm, stroke, and very rare instances of heart attack or even death. I agree to waive, release, remise and discharge WA Boot Camp, and its agents, officers, principals and employees of any and all claims, demands, actions or damages of any kind resulting from participation in WA Boot Camp activities. The undersigned hereby releases WA Boot Camp, as well as waives any and all claims and understands and assumes any and all risk with participation in WA Boot Camp.

I have read and agree with the above terms and conditions.

Signed _____ Date _____ (Parent/Guardian if U18)