



GET TONE BOOT CAMP
SIGN UP FORM

Health History Questionnaire

Name: _____

D.O.B: _____

Address: _____ **City:** _____

Phone #: _____ **E-mail:** _____

Emergency Contact: _____ **Phone #:** _____

For the following questions please answer yes or no. If yes, please briefly explain in the space provided.

Have you ever had or currently have:

- Broken bones? y n _____
- Surgeries? y n _____
- Asthma/Bronchitis? y n _____
- Pregnancy/recovering? y n _____
- Joint/arthritis problems? y n _____
- Injuries? y n _____

Please state below any other issues that may be an issue during this program.

Including, Dietary restrictions, high cholesterol, tobacco-alcohol or drug habits, eating disorders, medications, etc.

Inform Consent

During your experience here at 'Get Tone With Rindone' you will go through some intense workouts. When working out you may feel light headedness, soreness of the muscles, shortness of breath, etc. These are all normal attributes during exercise and any questions you may have during and after our workouts will be expected.

Preparation for our sessions will be anticipated by whatever you may need. This may include, a sweat rag, a source of rehydration, proper footwear, gym clothes, etc. I want to make sure you are comfortable throughout our workouts with whatever that may entail. If you are unfamiliar with gym attire or anything else please feel free to ask.

Boot Camps and other classes are non-refundable and cannot be carried over from one season to the next.

By signing below, you have read and fully understand all of the above.

Signature: _____

Date: _____

Please make checks payable to "GTWR"
Indicate the number of classes you plan to attend, followed by the amount paid.

_____ # of Classes

_____ \$Amount Paid

Thank you for training with us!

- Joe Rindone