



GREAT SHAPE FIT CLUB "THE BOUTIQUE BOOT CAMP"

Membership Registration Form

Name _____ Date of Birth _____

Street Address _____

City _____ Zip Code _____

Home Phone _____ Work Phone _____

Mobile Phone _____ Profession _____

Email _____

Emergency Contact Name: _____ Number _____

How did you hear about our program? _____ On a scale of 1-10, how committed are you to achieving your goal? _____

Primary Class Location / Time (Circle and number first two preferences)	Coppell M/W/F 5:30 AM	Highland Village T/R 5:30 AM	Highland Village M/R 6:30 PM
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How far are you from your ideal weight?

0-5 pounds	10-20 pounds	more than 30 pounds
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What areas of your body would you most like to improve?

What has stopped you from reaching your goals until now?

Health & Medical History

Allergies	YES ___	NO ___	Liver Disease	YES ___	NO ___
Epilepsy	YES ___	NO ___	Asthma	YES ___	NO ___
Diabetes	YES ___	NO ___	Neck Injury	YES ___	NO ___
Anemia	YES ___	NO ___	Knee Injury	YES ___	NO ___
Hypertension	YES ___	NO ___	Wears Eyeglasses	YES ___	NO ___
Kidney Disease	YES ___	NO ___	Broken Bones	YES ___	NO ___
Lung Disease	YES ___	NO ___	Back Injury/Pain	YES ___	NO ___
Heart Disease	YES ___	NO ___	Family History of Heart Disease	YES ___	NO ___

List all medications you are currently taking, including vitamins, over-the-counter medicines and all prescription medications.

List other pain history

List other surgical procedures

Release of Liability - Initial next to each term to show agreement

_____ In consideration of being allowed to participate in the activities and programs of Anytime Personal Training, LLC (APT) DBA Great Shape Fit Club (referenced as the fitness facilitator) and to use its facilities, equipment and machinery in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge the fitness facilitators and their representatives, trainers, and all others from any and all responsibilities or liability from injuries or damages resulting from my participation in any activities, or my use of equipment or machinery in such activities. I do also hereby release all of those mentioned, and any others acting upon their behalf, from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf, or in any way arising out of or connected with my participation in any activities of the fitness facilitators or the use of any equipment at its facilities .

_____ I hereby stipulate that I am physically sound to proceed with participation in a boot camp workout that may include any and/or all of the following: weight lifting, running, stair climbing, jumping and mat exercises. I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, are potentially hazardous activities. I also understand that fitness activities involve a risk of injury and even death, and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. I declare that anytime Anytime Personal Training, LLC DBA Great Shape Fit Club will not be liable for injuries or damages to my person or property arising out of, or connected with, the use of services, facilities, or equipment of Anytime Personal Training, LLC or th premises which the same are located. I do hereby forever release and discharge Anytime Personal Training, LLC from all such causes of action.

_____ I understand and am aware that any recommendation for changes in diet including the use of food supplements are given as suggested guidelines for a healthy population and that any changes I make to my nutrition habits is entirely my responsibility and that I should consult with my physician prior to undergoing any dietary or food supplement changes.

_____ I am aware that Fit Club may record workouts for later use on television segments, websites, promotional materials or any other way the see fit. By signing this document, I hereby authorize Fit Club to use my name, likeness, comments, videotaped segments, or pictures in the aforementioned ways.

Signature _____

Date _____

Parent/ Guardian
Signature (if
participant is under 18) _____

Parent/ Guardian Name _____