



five star fitness boot camps™

CHICAGO + COLUMBUS | can you sweat it?

Registration

Boot camp Location _____

Boot camp Dates _____

This is my first camp? Yes No

First Name _____ Last Name _____

Date of Birth (mm/dd/yyyy) _____

Address _____

City, State _____ Zip _____

Phone Number _____ Work Number _____

Email Address _____

Are you affiliated with one of the following groups?

Worthington Schools. Yes No

Hilliard Schools. Yes No

Magellan Rewards. Yes No

Were you referred by somebody? Yes No

If yes, who? _____

How did you hear about us?

A friend. Who? _____

A magazine. Which one? _____

A website. What site? _____

Newspaper Ad. Which one? _____

Online Ad. Which one? _____

Are you currently on Facebook? Yes No

Are you currently on MySpace? Yes No

Are you currently on Twitter? Yes No

My main goal is _____



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Physical Activity Readiness Questionnaire (PAR-Q)

PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate, or those who should seek medical advice before starting a physical fitness program. Please read the following question carefully and check the appropriate answer.

1. Has a doctor ever said that you have heart trouble? Yes No
2. Do you frequently have pains in your chest? Yes No
3. Do you often feel faint or have spells of severe dizziness? Yes No
4. Has your doctor ever said that your blood pressure was too high? Yes No
5. Has your doctor told you that you have a bone or joint problem that can be made worse with exercise? Yes No
6. Is there a good physical reason not mentioned here why you should not follow a fitness program even if you wanted to? Yes No
7. Are you over the age of 65 and not accustomed to vigorous exercise Yes No

Please list any medications you are currently taking and, any past injuries or surgeries that you have had.



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What You Need to Know

Referral Program

For each participant you refer, \$15 will be deducted from the next camp that you attend.

Five Star Guarantee



After your first camp, you will improve your mile time and pushup score otherwise you will get a 100% refund. To be eligible for a refund, participant must attend 14 of 18 sessions.

Refunds

If, for any reason, you are not satisfied with the program let us know by the end of the second session and your payment will be refunded in its entirety. After the second session, refunds will not be given.

Camp Recommendations

- › Please arrive 10 minutes before the scheduled start time.
- › Wear comfortable workout clothes and shoes.
- › Bring Five Star Fitness Sport Bottle for re-hydration.

Informed Consent

I have voluntarily chosen to participate in a Five Star Fitness Training's conditioning camp. I understand that participation in such a program carries risks associated with strenuous physical activity. I accept full and complete responsibility for participation. I willingly and knowingly assume for myself and my heirs, family members, executors, administrators and assign any risk which is associated with my participation in Five Star Fitness Training's programs.

Photo Release

From time to time, photos will be taken of our camps and are included in our marketing materials such as but not limited to our web site, Facebook page, MySpace page, fliers, and advertisements. By registering in Five Star Fitness Boot Camps you give us the permission to use group photographs which may include your image. If we would like to use your individual headshot or action shot, we will ask your permission prior to usage.

Do you you agree with all details of this waiver? Yes No



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If you have answered all questions and agree to the terms mentioned on the previous pages, please sign and date below. Then mail all forms and signed check to the provided address:

Make check payable to:

Five Star Fitness
Scott McLain
2300 W. Wabansia #122
Chicago, IL 60647

Fee per participant– Chicago \$229 / Columbus \$209

- Save \$10 if you register online at FiveStarFitnessBootCamps.com
- Worthington and Hilliard School employees and Magellan Reward Members please deduct \$25 from the regular fee.

Signature _____ **Date** _____