

# Contact Info

Name: \_\_\_\_\_

D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship to Emergency Contact: \_\_\_\_\_

How did you hear about All Out Fitness Camp?

\_\_\_\_\_

If a friend referred you please write the persons name:

\_\_\_\_\_

How would you rate your current level of fitness? (1-10 with 10 being elite athlete) \_\_\_\_\_

Your main goal is: \_\_\_\_\_

I am signing up for camp (date/month) \_\_\_\_\_ at (time) \_\_\_\_\_

And I am planning on coming \_\_\_\_\_ times per week.

**Please initial before each statement:**

\_\_\_\_\_ I understand that diet and nutrition will affect my ability to achieve my fitness goals.

\_\_\_\_\_ I understand that classes are held rain or shine.

\_\_\_\_\_ I understand that if I miss a class, I can make it up at another date and/or time within that particular Fitness Camp. I must notify my instructor of the make-up date and time. I understand that there is no refund for missed classes.

\_\_\_\_\_ I understand that I may bring a friend for any ONE free week as my guest with advance notice given to my instructors. I understand that any additional classes that the guest wishes to attend must be paid in full.

\_\_\_\_\_ I understand that photos/video may be taken during the course of my involvement in All Out Fitness Camp, and that they may be used for promotional purposes.

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_