

# RE|SOLVE LIFE MANAGEMENT

## BOOTCAMP REGISTRATION FORM

(Please Print Clearly)

The following section must be read, signed and completed before participation in any Resolve Life Management program.

<b>Today's Date:</b>				<b>Primary Email:</b>			
<b>PARTICIPANT INFORMATION</b>							
Participant First Name:		Last:		Middle:		<input type="checkbox"/> Mr.	<input type="checkbox"/> Miss
						<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.
Birth date:	Age:	Sex:					
		<input type="checkbox"/> M <input type="checkbox"/> F					
Mailing address:				Cell Phone Number:		Home Phone Number:	
				(    )		(    )	
P.O. box:		City:		Province:		Postal Code:	
<b>Please list any medical/health problems or any reason why you should not be participating in this program:</b>							

<b>TRAINING EXPERIENCE</b>					
Do you exercise on a frequent basis?			How Often?		
What do you enjoy most about training in a group?			_____		
Have you ever participated in a boot camp exercise program?					
<input type="checkbox"/> Yes <input type="checkbox"/> No When? _____					
Have you ever participated in a personal strength training program?			When and what did you enjoy about it?		
<input type="checkbox"/> Yes <input type="checkbox"/> No					
What is your main motivation for participating in this program?	<input type="checkbox"/> Find new/creative way to workout	<input type="checkbox"/> Get in shape, build lean muscle	<input type="checkbox"/> Meet People	<input type="checkbox"/> Get in shape, trim inches and/or lose weight	<input type="checkbox"/> All of the above

<b>IN CASE OF EMERGENCY</b>			
Name of local friend or relative (not living at same address):		Relationship to Participant:	Home Phone #:
			(    )
			Work Phone #:
			(    )
<p>I certify that the above information to be true to the best of my knowledge. I certify that the participant/ (I) have been found to be in good health and am able to participate in all activities/exercises without aggravating an existing condition which can be detrimental to my health and overall well-being. I acknowledge and understand that there are inherent health risks to engaging in any physical activity. I voluntarily assume all responsibility for any risks or loss, personal injury including death that may be sustained by me, as a result of participation in this program. I hereby release, waive and agree not to sue and hold Resolve Life Management and or its officers or employees liable for any injury, loss or death that may arise from participating in this program. If the athlete/(I) participating has an existing condition which is being controlled, please advise and provide appropriate treatment should condition change while in the care of Resolve Life Management program run by its Trainer/Director, for example any allergies, asthma, other respiratory ailments etc. I authorize that the Resolve Life Management Trainer/Directors or employees of Resolve Life Management to act for me according to their best judgment in an emergency requiring medical attention.</p>			
_____ <i>Athlete Signature</i>		_____ <i>Date</i>	