

# Get You In Shape Dallas Boot Camp Client Profile

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Email Address \_\_\_\_\_ Date of birth \_\_\_\_\_  
Age \_\_\_\_\_ Home# \_\_\_\_\_ Cell# \_\_\_\_\_ t-shirt size \_\_\_\_\_  
Profession \_\_\_\_\_ % of time spent sitting at job \_\_\_\_\_  
Emergency contact and Number \_\_\_\_\_  
How did you hear about the Boot Camp \_\_\_\_\_

Payment - Circle: 199.99 tenant or \$249.99 non-tenant      PayPal    Check    Cash

## Medical History

Do you presently or have you ever been treated for: (check all that apply)

High Blood Pressure     Heart attach     Irregular heart beat     Murmur     Circulatory problems

Digestive problems (please list) \_\_\_\_\_

Depression/anxiety     Hyperactivity/ADD     Diabetes     Hypothyroid     Hyperthyroid

Cancer     Kidney/Bladder problems     Intestinal problems     Arthritis     Blood/Joint disorder

Explain any checked \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any medications currently taken and what for? \_\_\_\_\_  
\_\_\_\_\_

Please list and explain any injuries, procedures, and rehab performed that you have had? Do you still have pain? (example: back or knee injuries) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any other health or medical issues or anything that we need to know about?  
\_\_\_\_\_  
\_\_\_\_\_

Have you been cleared by your doctor to participate in regular physical activity? Y or N

1. What would you rate your current fitness level on a scale of 1-10, 1 being low?

Circle one:            1    2    3    4    5    6    7    8    9    10

2. On a scale of 1-10, 10 being the highest, what would you rate you knowledge of nutrition and healthy eating?

1    2    3    4    5    6    7    8    9    10

Would you be interested in hearing about Get You In Shape Nutrition/Supplement Program? Y or N

3. Have you ever performed resistance training? Yes \_\_\_ No \_\_\_ How long has it been? \_\_\_\_\_

4. What are your goals for the program?  
\_\_\_\_\_  
\_\_\_\_\_

5. How many pounds or sizes do you want to lose or gain in a month? \_\_\_\_\_ 1 month

\_\_\_\_\_ 3 month \_\_\_\_\_ 6 months \_\_\_\_\_ 1 year

6. Are you willing to commit to being at every session and follow the exercise/nutrition plan? Y or N

7. On a scale of one to ten, ten being the highest, how determined are you to commit to this program?

Circle one:            1    2    3    4    5    6    7    8    9    10

Mail to: Get You In Shape.com    P.O. Box 1159    Coppell, TX 75019-1159  
or bring to first session.

# Release

(To be mailed in or given to us the first day)

I agree to participate in the Get You In Shape Boot Camp.

I understand that it is recommended that I consult a doctor before beginning any fitness and nutrition program.

I acknowledge being informed of the possible risks due to the strenuous nature of the program. Risks may include the musculoskeletal and/or cardiovascular systems and the potential for unusual, but possible, physiological results including, but not limited to, abnormal blood pressure, fainting, heart attack, or death.

If I feel pain, uneasy, or just not normal, I have been told to consult a doctor immediately.

I know of no medical problems that would increase a risk of injury or illness.

I recognize that participation in a regular program of exercise has been shown to produce positive changes in a number of bodily systems. These changes include, but are not limited to, increased work capacity, improved cardiovascular efficiency, and increased muscular strength, flexibility, power, and endurance.

By signing this document, I agree to waive, release, and discharge GetYouInShape.com LLC, its agents, officers, principals and employees for any and all claims, actions, or damages of any kind resulting from participating in GetYouInShape.com LLC's programs.

I agree to follow the Get You In Shape Program during the Boot Camp.

I agree to limit my intake of unhealthy foods, high calorie drinks (example: juices, alcohol, cokes, etc.) and things that would slow my progress down.

I understand that video and photos may be taken and used for promotional purposes.

I agree to attend all sessions and help encourage and motivate each person in the group. I also agree to show up on time and stay for the entire session so I can get the most out of each workout.

I understand that my results will come as a result of my commitment level to following the Get You In Shape Program

I understand there is no refund policy, but I can receive credit (for unused portion of camp) towards a future camp if I am not able to complete the one I originally joined. Camp fees cannot be used towards any other products or services provided by Get You In Shape.

---

Signature

Print

Date

---

Signature of parent or guardian

Print

Date