

Body & Soul Boot Camp Enrollment Information



BRING IT!!

Name: _____ Date of Birth: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Home Phone #: _____

Cell #: _____

Work Phone #: _____

E-mail Address: _____

Emergency Contact Person: _____

Emergency Contact Number: _____

Relation to You: _____

Hobbies and Interests: _____

What do you hope to accomplish by enrolling in Boot Camp?

Just out of curiosity...how did you hear about B&S Boot Camp? _____

*Any questions please feel free to call Trevor at **572-1536**.*

Look Forward to Your Success.....Here's to the NEW YOU!

Body & Soul Boot Camp - The Experience Agreement and Release of Liability

1. In consideration of being allowed to participate in the activities and pro-grams of, 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 Body & Soul Boot Camp and its officers, agents, employees, representatives, executors, 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 the above-mentioned 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 acts 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 Body & Soul Boot Camp or the use of any equipment.

(Please initial _____)

2. Body & Soul Boot Camp is designed to help participants achieve their fitness and performance goals through proper application of the 4 Factors of fat Loss (supportive nutrition, moderate cardio, resistance training and positive attitude). B&S Boot Camp will introduce and assist with each of the 4 Factors of Fat Loss. My fitness goal includes visual change (i.e. fat loss). I understand that B&S Boot Camp focuses on changes in body composition and circumference measurements, not weight loss. During the course, I should not expect to lose more than a maximum of two pounds per week.

B&S Boot Camp will provide me with guidelines for a supportive nutrition plan that promotes fat loss while preserving lean mass. In addition to group sessions, my Fitness Professional will monitor my progress during the course. Feedback and guidance will be provided based on my weekly reflections and action plans. I will also receive educational materials and suggestions for adjustments to my fat loss factors.

(Please initial _____)

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the possible need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have his/her recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and been given my physician's permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

(Please initial _____)

Date: _____ Signature: _____

Body & Soul Boot Camp - Member Agreement

Contract Duration and Automatic Renewal: Contract is in force for 3, 6 and 12 months from the Contract Start Date, with automatic renewal for subsequent months, unless cancelled by either CLIENT or Body & Soul Boot Camp, with notification of 30 days in advance of the next billing date.

Agreement to Pay Recurring Fees - **Camper** agrees to pay Body & Soul Boot Camp monthly recurring fees as follows:

Item: 3 month, 6 month, 12 month training package for stated contract amount via Client authorized automatic credit card, checking account ACH charges. Alternatively, Client may prepay three, six or twelve months in advance via any credit card, ACH, bank check or wire transfer. Payment in monthly increments by any means other than Client's credit card or ACH is only permitted on a case by case basis.

CANCELLATION FEE EQUALS THE DIFFERENCE BETWEEN YOUR CURRENT MEMBERSHIP AND THE 3 MONTH VERSION OF YOUR MEMBERSHIP TIMES YOUR TIMES USED IN MONTHS.
(Current month included)

Please read and sign below.

- (a) I agree to purchase and pay for my agreed upon Body & Soul Personal Training contract as an automatic charge to my credit card, or automatic debit to my checking account (or other payment method on a case by case basis) each month for the agreed contract period.
- (b) I hereby certify that I am the holder of the credit card, or an authorized signer on the bank checking account detailed below.
- (c) I understand that I will be notified if my credit card or checking account payment fails to authorize for any reason, and that a \$10 late fee will apply if I do not provide a valid credit card or checking account ACH information within 10 calendar days of the original rejection date.
- (d) I understand that my service will be deactivated if my account becomes more than 30 calendar days late.

Signature: _____ Date: _____

Printed Name: _____

To freeze your auto pay, a completed request must be submitted in writing at least 10 days in advance of your next billing date in order for your request to be effective from the following month. Billing date is based on your activation date listed below.

Students enrolled in the monthly auto renew program may elect to freeze their auto pay charges once per contract according to the policy below:

You can freeze your Auto Pay schedule once per contract at any time. The freeze is activated at the start of the next billing cycle and can be requested in monthly increments for up to 6 months. To request the freeze, simply talk to Trevor Buccieri. Following the end of your requested freeze period, your monthly auto-renew will automatically be reactivated. Your auto pay schedule may be canceled at any time. A completed auto pay cancellation form must be received at least 30 days in advance of your billing cycle (example: if you are scheduled to be charged February 14th and you want to cancel for the month of February, you must submit a cancellation form to Body & Soul Boot Camp by January 14th.)

Body and Soul Boot Camp – The Experience

Cancellation/Payment Policy

The cancellation policy is one of professional courtesy for others. Due to the setup of the program, when you join Body & Soul you have access to LIMITED ACCESS personal training sessions. That being said, there may be people waiting for slots in the camp that you are scheduled for. If you are unable to make your pre-scheduled session, please cancel the session to open the slot online for someone else ASAP. THERE IS A 12 HOUR PRIOR TO SESSION CUT OFF WHERE THE SYSTEM WILL NOT LET YOU CANCEL IF YOU ARE WITHIN 12 HOURS BEFORE YOUR SESSION. The reason being is that we need time to notify and setup those waiting for an empty slot.

Clients are required to pay for their spot on a monthly basis. There are several Boot Camp packages consisting of 3, 6 or 12 month commitments. This will be done using a credit card, ACH, bank check or wire transfer. Payment in monthly increments by any means other than client's credit card or ACH is only permitted on a case by case basis.

Your first 2 weeks of Body & Soul Boot Camp are FREE!! If after or during this time you decide to join, you will be expected to provide payment at that time which will begin your monthly payment plan upon the completion of your 2 free week period. This will be a 2 week period beginning on a Monday.

There are two instances when I will cancel or postpone a boot camp class; bad weather, or emergency. In both cases the same protocol will take place. You will be notified via email. I will do my best to give you the most advanced notice possible. It is the camper's responsibility to check your messages to make sure we are all good. Don't worry this will be a complete rarity.

If an absolute emergency occurs and you are unable to come to your session, please call: 572-1536. Again, the 12 hour cancellation window does stand firm.

Refund Policy

Body and Soul strives to provide the best possible service to our clients. If you notify us prior to the camp's start date, you will receive a refund minus a \$50 cancellation fee. If it is after a camp has started, we can only credit you for a future boot camp of the same duration. The credit is non-transferable. There are NO EXCEPTIONS here.

I have read the above policies and agree to its terms as it applies to my personal training.

Client Name: _____

Signature: _____

Date: _____

Physical Activity Readiness Questionnaire (PAR-Q)

Please read each question carefully and answer either yes or no. For questions 8 and 9, please initial in the space provided indicating that you understand what is recommended

1. Has a doctor ever said you have a heart condition and recommended only Medically supervised physical activity? Yes No
2. Do you have chest pain brought on by physical activity? Yes No
3. Do you tend to lose consciousness or fall over as a result of dizziness? Yes No
4. Has a doctor ever recommended medication for your blood pressure or heart condition? Yes No
5. Do you have a bone or joint problem that could be aggravated by the proposed physical activity? Yes No
6. Are you aware, through your own experiences or a doctor's advice, of any other physical reason against your exercising without medical supervision? Yes No
7. Are you over the age of 65 and not accustomed to higher effort exercise? Yes No

If you answered **YES** to one or more of the questions above, please answer and initial the following questions:

8. Have you consulted your physician regarding increasing your physical activity and or performing a fitness assessment? Yes No **Initial** _____
9. If you answered NO to question 8, will you consult your physician prior to increasing your physical activity and/or performing a fitness assessment? Yes No **Initial** _____

Health History: *Please check all conditions that apply.*

Please list any medications you are currently taking below:

Signature: _____ Date: _____

Body & Soul Boot Camp Physician Clearance Form

ONLY REQUIRED DUE TO A MEDICAL CONCERN

Date: _____

Please return this form to: Trevor A. Buccieri Body & Soul Boot Camp: The Experience

Address: 124 Beech Rd. East Aurora, N.Y. 14052

Phone: (716) 572-1536

Patient's name: _____ Age: _____

Date of last physical examination: _____

Initial One. Also Circle may or may not.

_____ This patient may/may not participate fully in a physical activity program consisting of cardiovascular, strength, and flexibility training without limitation.

_____ This patient may/may not participate in a physical activity program with the following limitations and/or recommendations:

Please include a brief description of any medical condition that might affect his/her physical activity program.

If this patient is on any medication that may affect the heart rate or the blood pressure response to exercise (elevating or suppressing), please indicate:

I consider the above individual to be: _____ normal
_____ cardiac patient
_____ prone to coronary heart disease
_____ other (explain):

Please fill in the following information if available:

result of last GXT: _____

blood pressure: _____

glucose: _____

total serum cholesterol: _____

HDL-C: _____ LDL-C: _____

triglycerides: _____

Physician's Signature: _____

Date: _____

Please Note: This record must be signed by the physician or at least stamped by the physician and verified if stamped by a typed letter on the provider's letterhead. THE PHYSICIAN'S CLEARANCE FORM WILL NOT BE ACCEPTED WITHOUT SUCH PROPER VERIFICATION.

Your Health and Fitness Goals

This questionnaire will help us to understand your personal fitness goals. It is also a "contract" in which we ask you to make a commitment to three concrete steps towards fitness and health. It is not a legal contract with us but rather a personal contract that you make with yourself and with others concerned with your health. Should you have any questions, feel free to ask. Your responses will be treated in a confidential manner.

Today's Date: _____ Your Name: _____

Please indicate your personal health and fitness-related goals:

- | | | |
|--|---|--|
| <input type="checkbox"/> Lose Weight | <input type="checkbox"/> Improve Flexibility | <input type="checkbox"/> Reduce Back Pain |
| <input type="checkbox"/> Stop Smoking | <input type="checkbox"/> Reduce Stress | <input type="checkbox"/> Improve Diet |
| <input type="checkbox"/> Feel Better | <input type="checkbox"/> Lower My Cholesterol | <input type="checkbox"/> Aerobic Fitness |
| <input type="checkbox"/> General Fitness | <input type="checkbox"/> Muscular Size | <input type="checkbox"/> Muscular Strength |
| <input type="checkbox"/> Sports Specific | <input type="checkbox"/> Look Better | <input type="checkbox"/> Injury Rehab |

Please tell us more about your exercise patterns and goals: What is your exercise history?

What health improvements do you need?

What other health improvements do you want?

What are your activity preferences?

What barriers to success do you anticipate?

How will you know you are succeeding?

What is your motivation level? **High Medium Low**

What is your confidence level? **High Medium Low**

Please use the space below to record three concrete commitments that you are willing to make to your own health goals. For example you might commit "To arrive, ready for exercise, on Mondays, Wednesdays and Fridays ready for action". These should be challenging but also realistic and attainable commitments. When finished, please sign this form to signify your personal commitment.

Commitment #1: _____

Commitment #2:

Commitment #3: _____