

Yes! Sign me up!

You will be notified to schedule your pre-session evaluation.
Tuition must be prepaid either by mail or at time of evaluation.
Registration will be complete upon receipt of necessary fees.

Checks are to be made payable to: **Valeri Strang**

PRINT, FILL OUT AND MAIL THIS FORM WITH PAYMENT TO:

Val Strang's Burn Boot Camps, LLC
1770 Wooded Oak Trail
East Carondelet, IL 62240



Phone: (314) 941-8523
www.burnbootcamps.com

Pilates Registration Form

CONTACT INFORMATION – PLEASE PRINT CLEARLY

Name:					
Address:					
City:		State:		Zip Code:	
Home Phone:		Mobile Phone:			
Work Phone:		Fax Number:			
E-mail:		Date of Birth:	/	/	

EMERGENCY CONTACT - This information will be used only in the event of an emergency

Name:				
Telephone:		Mobile Phone:		

I AM SIGNING UP FOR THE FOLLOWING SESSION (Indicate when session starts and location)

Date:	
Location:	

FITNESS LEVEL

Rate your current fitness level 1 through 10 (Choose a number - 1 is the lowest, 10 is the highest)

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>
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T-SHIRT SIZE

SMALL <input type="checkbox"/>	MEDIUM <input type="checkbox"/>	LARGE <input type="checkbox"/>	X-LARGE <input type="checkbox"/>	XX-LARGE <input type="checkbox"/>	OTHER:
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MY MAIN GOAL IS TO

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If you were referred to Burn Pilates by a person, please write their name below.
If you found us through another source, please let us know (i.e. Magazine Ad, Article, Flyer, etc.).

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Confirmations and detailed instructions will be mailed prior to the start Pilates sessions.

Note: Waiver must be signed prior to participation.

Release



This release is entered into between the undersigned, Val Strang's Burn Boot Camps, LLC, its officers, affiliates and executors. The purpose of, Val Strang's Burn Boot Camps, LLC, is to provide fitness instruction and coaching for various levels of athletes/individuals.

The undersigned individual hereby acknowledges that the following was explained to them and/or agrees to the following:

1. Acknowledges that Val Strang's Burn Boot Camps LLC, Valeri Strang or any affiliated staff members are not physicians and are not trained in any way to provide medical diagnosis, medical treatment, or any other type of medical advice.
2. Acknowledges that coaching/training is another tool for teaching athletes/individuals about themselves. However, Val Strang's Burn Boot Camps, LLC, Valeri Strang or any affiliated staff member does not guarantee that either good or bad will occur, nor guarantees that the training advice given by them will produce good or bad results.
3. Acknowledges that the undersigned has been told that if they feel fatigued, feel pain or feel out of the ordinary in any way, either related to training, or otherwise, that the undersigned should contact a physician immediately.
4. Acknowledges that Pilates, boot camps, martial arts, kick boxing, running, weight training, obstacle courses, and any other related activities are an extreme test of one's mental and physical limits and carry with it a potential for damage or loss of property, serious injury and/or death. Also, that the undersigned assumes all risks of participating in these types of events/activities. It is also agreed by the undersigned that they are fit, and that they have a regular medical physician that they can contact regarding any medical problems that they might develop. The undersigned expressly waives, releases and discharges liability or liability charges of any kind against, Val Strang's Burn Boot Camps, LLC Valeri Strang, or any affiliated staff member. The undersigned also agrees not to bring litigation or suit of any kind or dimension as a result of any liability of death, disability, or personal injury suffered by the undersigned. The undersigned also agrees to bring no action of any kind against, Val Strang's Burn Boot Camps, LLC Valeri Strang, any affiliated staff members either jointly or severally, or the owners, or members of any affiliated training or Boot Camp site or property, as a result of the undersigned participating in Val Strang's Burn Boot Camps, LLC and/or training events or for any reason whatsoever.

The Undersigned agrees that this is the full agreement between the parties. The Undersigned also agrees that Val Strang's Burn Boot Camps, LLC, Valeri Strang, any affiliated staff member, or anyone else has not verbally contradicted any of the Terms of this release and that the undersigned has read and entered into this agreement free and voluntarily without force or coercion.

Signature

Trainee Signature	
Trainee Printed Name	
Date	

Signature

Representative for Val Strang's Burn Boot Camps LLC	
Representative Printed Name	
Date	

Medical History

CIRCLE ONE

Are you allergic to any medication (aspirin, penicillin, sulfa, etc.?)	YES	NO
Do you take prescribed medications on a permanent basis? If yes, list medications:	YES	NO
Do you have or have you had seizure disorders (epilepsy) at any time?	YES	NO
Do you have Adult Diabetes or Juvenile Diabetes?	YES	NO
Have you ever been found to be anemic (low blood count)?	YES	NO
Do you have High Blood Pressure (hypertension)? If yes, list medications:	YES	NO
Do you have or have you ever had Heart Disease?	YES	NO
Do you have or have you ever had Lung Disease?	YES	NO
Do you have or have you ever had Kidney Disease?	YES	NO
Do you have or have you ever had Liver Disease?	YES	NO
Do you have asthma? If yes, list medications:	YES	NO
Have you ever had a severe neck injury? If yes, please describe:	YES	NO
Have you ever been knocked out? If yes, please describe:	YES	NO
Do you wear glasses or contact lenses?	YES	NO
Have you had a broken bone or fracture in the past two years? If yes, please describe:	YES	NO
Have you ever injured your back? If yes, please describe:	YES	NO
Do you have back pain? <input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently With Vigorous Exercise or Heavy Lifting	YES	NO
Have you had knee pain in the past two years that has disabled you for longer than a week? If yes, please describe:	YES	NO
Do you have other physical conditions which cause pain? If yes, please describe:	YES	NO
Have you had your body fat tested? If yes, what is it?		
Any recent surgical procedures? If yes, please describe:		
What are your goals for the next three months? Please describe:		
Are you training for a specific event? If yes, please explain:		

NOTICE: It is wise to seek your doctor's advice before beginning any health, fitness, or nutrition program!