

This Information is only valid for the 5:30am Women only camp and the 6:00pm (Co-ed camp)
Inland Empire Boot Camp

Rancho Cucamonga

Congratulations on your choice to get fit and have fun!
Here are some important things to remember:

- Please ALWAYS arrive on time!
- Unless otherwise instructed, bring your 5 lbs or 8 lbs hand weights, a yoga mat and water each day.
- Bring your completed paperwork on the first day
- Avoid all four letter words except "Yeah!"
- If you MUST miss a day, let your instructor know before that day arrives!
- Give 110% effort!
- If you have an unusual ache or pain, tell your Instructor immediately!
- You MUST have fun!!!
- Running Shoes are the best shoes for camp. Not cross-trainers or walking shoes!
- Avoid perfumes!
- You must eat something simple & small before class. Bring a snack for your car to keep your blood sugar levels stable

Location of : 5:30am- 6:30am Boot Camp (women only)

Arrive at least 10 minutes prior to class and begin walking to warm up

Location: Victoria Gardens

12505 N Main Street, Etiwanda

Located between Foothill blvd and Church/ major cross street is Day Creek Blvd

- *Park on the lower level of the parking garage located on the corner of Monet Ave and Cultural Center Drive and you will be directed where to go*

Location of: 6:00pm- 7:00pm Boot Camp (Co-ed)

Arrive at least 10 minutes prior to class and begin walking to warm up

Location: Chaffey College

5885 Haven Ave, Rancho Cucamonga, Ca 91737

- *You do not need to pay for parking on the first day of camp we will give you a sign for your dashboard that says "Boot Camp"
Meet on the Track.*

*We attempt to hold camp rain or shine. If you have any questions as to whether camp will be held call **909.556.9325***

REGISTRATION FORM 1.800.680.2803

Are you ready to start your adventure? Follow these instructions:

1. Please print your information clearly
2. Bring this information with you to your first day of camp
This info must be filled out in order for you to participate
3. If you have medical issues that you think might preclude you from participating give us a call, prior to your first day, so we can discuss it!

YES, I'm ready for the Adventure... Sign me up!

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

Name: _____
Street: _____
City: _____
Zip Code: _____ Profession: _____
Date of Birth ___/___/___
Emergency Contact and phone number _____

I'm signing up for the camp beginning on this date ___/___/_____.
The start time for my camp is ___ 5:30 AM ___ 6:00pm

Is this your first camp? _____ The last camp I attended was _____

Best # to reach me at (_____) _____

E-mail _____ @ _____ I understand I will be emailed by IEABC _____
I rate my current fitness level as a _____ (1-10), ten being high.
I was referred by _____.
My main goal is to _____.

If you did not pay on line Please fill out the following information:

Option #1 - 3 days per week boot camp only for (4week session) \$199 _____

Option #2 - Addicted program \$99 _____ (*I understand this program requires a six month commitment from me and Your total charge upon signing up will be \$99.00 after that your card will be billed every 30 days for 6 consecutive months. After your initial 6 month commitment is over you can cancel anytime with a 30 day written notice or continue as long as you like, for just \$99 a month!*) **we accept:**

Visa & Mastercard

My card number is _____

Expiration ____/____ 3 Digit Code on back _____

Name on card _____

Billing address of Card _____

Authorized signature _____

MEDICAL HISTORY-----

1. Are you allergic to any medication (aspirin, penicillin, sulfa, etc.)?

2. Do you take any prescribed medication on a permanent or semi-permanent basis? If Yes, list _____

3. Do you have a seizure disorder (epilepsy)? Yes No

4. Do you have diabetes Adult or Juvenile? Yes No

5. Have you ever been found to be anemic (low blood count)? Yes No

6. Do you have High Blood Pressure (hypertension)? Yes No

7. Do you have or have you ever had the following diseases?

Heart Disease: Yes No

Lung Disease: Yes No

Kidney Disease: Yes No

Liver Disease: Yes No

8. Do you have asthma? Yes No

9. Have you ever had a severe neck injury? Yes/No Describe:

10. Have you ever been knocked unconscious? Yes/No Describe:

11. Have you had a broken bone or fracture in the past 2 years? Yes/No Describe:

12. Have you ever seriously injured your back? Yes/No

How often do you experience back pain? Never / Seldom / occasionally / frequently with vigorous exercise or heavy lifting Describe:

13. Have you had knee pain in the past 2 years that has disabled you for longer than a week? Describe:

14. Do you have other physical conditions which cause pain or would preclude you from attending Boot camp? Yes/No If Yes, Please Describe: _____

*Gentlemen skip questions 15 and 16.

15. Are you pregnant? Yes/No

16. Did you have a baby within the last 6 months? If so when? _____

17. Detail any surgical procedures:

18. Have you had your body fat tested? If yes, what percent is it?

19. Are you training for a specific event? If yes, explain:

20. **What specifically do you want to accomplish during your first camp?** _____

21. **What programs and diets have you participated in, in the past?** _____

22. **Which of those programs worked for you and which didn't?** _____

23. **What are you willing to do different this time? What are you willing to change in order to get the results you are after?** _____

Initial the following:

_____ I agree that I will not consume alcohol during the boot camp. Any violation will result in twenty push-ups per occurrence.

_____ I agree not to use foul language during boot camp. Violations will result in twenty push-ups per incident

_____ I agree not to eat or say the words *Twinkie, Krispy Kreme donuts, frappucinos, french-fries, pizza, ice cream, Slurpies, chocolate bars, chips, pies, pastries, Ho-Ho's, Ding Dongs, or cupcakes* during the course of Boot Camp. Any violation will result in twenty push-ups per occurrence.

_____ I agree to show up for Boot Camp every day unless it is an excused absence from my doctor or pre-approved with Boot Camp directors. Any violation will result in twenty push-ups per occurrence.

_____ I understand that photos or video *may be taken* during the course of my involvement in Boot Camp, which may be used for promotional purposes. I understand that my "before & after" photos **will not** be used for any promotional purposes unless I give written authorization.

_____ **I understand there is a no refund policy with the exception of the Results Guarantee Enrollment only available at my Pre-Camp Evaluation**, but I may be entitled to a credit (for unused portion of camp) towards a future camp, at Inland Empire Boot Camp's discretion, if I'm not able to complete the camp I originally joined. **Camp fees cannot** be used towards any other products or services provided by Inland Empire Boot Camp.

_____ I will remember to set my alarm and be at camp ON TIME.

Liability Waiver and Photo Release Form

This release is entered into between the undersigned and Inland Empire Adventure Boot Camp, Inc. The purpose of Inland Empire Adventure Boot Camp, Inc. is to provide health and fitness instruction.

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

1. Acknowledges that Inland Empire Adventure Boot Camp Inc. nor Molli & Frederick “Tony” Rathstone or the employees and contractors working for either one are not a physician and are not trained in any way to provide medical diagnosis, medical treatment, psychotherapy, or any other type of medical advice.
2. Acknowledges that fitness training is another tool for teaching individuals about themselves, but that Inland Empire Adventure Boot Camp Inc. does not guarantee neither good nor bad will occur nor guarantees the coaching advice given by Inland Empire Adventure Boot Camp Inc. will produce good nor bad results.
3. That I am participating in the Health & Fitness Classes, Programs, or Workshops offered by Inland Empire Adventure Boot Camp Inc. during which I will receive information and instruction about health and fitness. I recognize that fitness programs require physical exertion which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
4. The undersigned acknowledges that Inland Empire Adventure Boot Camp Inc. nor Molli & Frederick “Tony” Rathstone or the employees and contractors working for either one may suggest exercise as part of my fitness program/lifestyle management. I further understand that swimming, cycling (on and off road), in-line skating, triathlon, weight training, aerobic classes, martial arts, kick boxing, and any other related sports are an extreme test of one's mental and physical limits and carry with it potential for damage or loss of property, serious injury and death. That the undersigned assumes the risks of participating in these types of events/activities, that they are fit, and they have a regular medical physician they can contact regarding any medical problems that they might develop. The undersigned expressly waive, release, discharge and agree not to sue from any liability of death, disability, personal injury, or action of any kind Inland Empire Adventure Boot Camp Inc. nor Molli & Frederick “Tony” Rathstone or the employees and contractors working for either one Inland Empire Adventure Boot Camp Inc. nor Molli & Frederick “Tony” Rathstone or the employees and contractors working for either one for the undersigned participating in said sporting events and/or training for said sporting/fitness activities.
5. In consideration of being permitted to participate in the Health & Fitness Classes, Programs, or Workshops, I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, which I might incur as a result of participating in the program.
6. In further consideration of being permitted to participate in the Health & Fitness Classes, Programs, or Workshops, I knowingly, voluntarily, and expressly waive any claim I may have against Inland Empire Adventure Boot Camp Inc. for injury or damages that I may sustain as a result of participating in the program.
7. I, my heirs, or legal representatives’ forever release, waive, discharge, and covenant not to sue Adventure Boot Camp, Molli & Frederick “Tony” Rathstone or the employees and contractors working for either one for any injury or death caused by their negligence or other acts.
8. I understand that is my responsibility to consult with a physician prior to and regarding my participation in the Health & Fitness Classes, Programs, or workshops. I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation in the Exercise Classes, Health Programs, or Workshops.
9. Photo release: In connection with my participation in the Inland Empire Adventure Boot Camp Inc. Health & Fitness Classes, Programs, or Workshops, I consent to the use of my photograph or other likeness in the promotional and other materials of Inland Empire Adventure Boot Camp Inc. without payment or other consideration made to me.
10. The Undersigned agree that this is the full agreement between all parties and that Inland Empire Adventure Boot Camp Inc. nor Molli & Frederick “Tony” Rathstone or the employees and contractors working for either one nor anyone else has not verbally contradicted any of the terms of this release and that the undersigned has entered into this agreement free and voluntarily without force or coercion.

I have read the above informed consent, waiver of liability, and photo release and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signature

Date _____

Print Name

Parent or Guardians Signature

Date _____

Print Name of Parent or Guardian

We will take your measurements at camp, within the first week or you can take them at home, it's up to you!

Body Measurement Chart

Directions: Fill out the chart below indicating the dates that you take your body measurements at the beginning of Boot Camp and the end of Boot Camp. In the third column, indicate the changes that take place.

All measurements should be recorded to the nearest 1/4 inch. Changes will be + (increase) or - (decrease) in inches or fraction thereof.

Body Part Measured	Beginning of Camp	End of Camp	Change Over Boot Camp
Date Measurements Recorded			
Blood Pressure & Pulse Rate			
Weight			
Body Fat %			
Body Fat Lost			
Shoulders (largest point)			
Dominate Upper Arm Relaxed (largest point)			
Dominate Upper Arm Flexed (largest point, same as relaxed)			
Chest or Bust (largest point)			
Waist			
Hips at fullest part			
Dominate Thigh (fullest part)			
Dominate calf (fullest part)			

Try to avoid measuring or weighing every day as small changes typically don't show up on the scale or the measuring tape. Your body is changing even if you can't see it yet!