



PRINTED REGISTRATION FORM

My Name: _____ Date of birth (required) ____ / ____ / ____

Address: _____
Street City State/Zip

Home Phone: _____ Cell Phone: _____

Job Title: _____ Work Phone: _____

Email: _____

Emergency Contact Name: _____ Phone #: _____

I rate my current fitness level as a _____ (use scale of 1-10, 10 being highest = elite athlete)

My fitness main goal is: _____

How did you hear about us? _____

If by Referral please provide their name: _____

Attendance Options (check one):

- 5 days per week (\$299)
 3 days per week (\$199)

Payment Options (check one)

- Check or money order is enclosed (made out to Physical Adventures)
 Credit Card Authorization is given below:

Name as shown on card: _____

Billing Address on card: _____ City _____ ST _____ Zip _____

Type of Card: Visa __ MasterCard __ American Express __ Discover __

Number: _____ Expiration: Month ____ Yr ____

Signature approves payment _____

Mail form and payment to: Physical Adventures

567 West Channel Islands Blvd, Suite 773, Port Hueneme, CA 93041

Form may be faxed to: (805) 985-3129 Call (805) 331-7781 and give Credit Card Information if not shown above.



MEDICAL HISTORY QUESTIONNAIRE – part 1 of 2

All “YES” answers require a written explanation on the next page

	QUESTION	YES	NO
1	Are you allergic to any medication (aspirin, penicillin, sulfa, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
2	Do you take any prescribed medication on a permanent or semi-permanent basis?	<input type="checkbox"/>	<input type="checkbox"/>
3	Do you have a seizure disorder (epilepsy)?	<input type="checkbox"/>	<input type="checkbox"/>
4	Do you have diabetes; Type I (IDDM) or Type II (NIDM)?	<input type="checkbox"/>	<input type="checkbox"/>
5	Have you ever been found to be anemic (low blood count)?	<input type="checkbox"/>	<input type="checkbox"/>
6	Do you have High Blood Pressure (hypertension)?	<input type="checkbox"/>	<input type="checkbox"/>
7	Do you have or have you ever had Heart Disease?	<input type="checkbox"/>	<input type="checkbox"/>
8	Do you have or have you ever had Lung Disease?	<input type="checkbox"/>	<input type="checkbox"/>
9	Do you have or have you ever had Kidney Disease?	<input type="checkbox"/>	<input type="checkbox"/>
10	Do you have or have you ever had Liver Disease?	<input type="checkbox"/>	<input type="checkbox"/>
11	Do you have or have you ever had asthma?	<input type="checkbox"/>	<input type="checkbox"/>
12	Do you have or have you ever had severe neck injury?	<input type="checkbox"/>	<input type="checkbox"/>
13	Have you ever had been knocked out?	<input type="checkbox"/>	<input type="checkbox"/>
14	Have you had a broken bone or fracture in the past 2 years?	<input type="checkbox"/>	<input type="checkbox"/>
15	Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
16	Have you ever injured your back?	<input type="checkbox"/>	<input type="checkbox"/>
17	Do you have back pain? If YES, circle the best answer below. <div style="display: flex; justify-content: space-around; font-size: small; margin-top: 5px;"> Almost Never Seldom Occasionally Frequently with vigorous exercise or heavy lifting </div>	<input type="checkbox"/>	<input type="checkbox"/>
18	Have you had knee pain in the past 2 years that has disabled you for longer than a week?	<input type="checkbox"/>	<input type="checkbox"/>
19	Do you have other physical conditions, which cause pain?	<input type="checkbox"/>	<input type="checkbox"/>
20	Have you had any surgical procedures?	<input type="checkbox"/>	<input type="checkbox"/>
21	Have ever had your body fat tested?	<input type="checkbox"/>	<input type="checkbox"/>
22	Are you training for a specific event?	<input type="checkbox"/>	<input type="checkbox"/>

If you are unsure about the definition of any terms in this form, please call us to clarify. Do not assume.



Informed Consent, Waiver, and Release Agreement

This waiver and release is entered into between the undersigned and Physical Adventures, its instructors, officers, affiliates, and executors.

The purpose of the Group Exercise Program offered by Physical Adventures is to provide fitness instruction and coaching for various levels of athletes/individuals.

The undersigned hereby acknowledges that the following was explained to me and/or agree to the following:

1. Acknowledges that the instructor is not a physician and is not trained in any way to provide medical diagnosis or any other type of medical advice.
2. Acknowledges that coaching/training is another tool for teaching athletes/individuals about themselves, but Physical Adventures does not guarantee neither good nor bad will occur, nor guarantees the training advice given Physical Adventures or its instructors will produce neither good nor bad results.
3. Acknowledges that the undersigned has been told if they feel tired, feel pain or feel out of the ordinary in any way either related to your training, or otherwise, that the undersigned should contact a physician at once.
4. Acknowledges that group exercise programs, aerobic classes, martial arts, kick boxing, running, kung-fu, weight training, obstacle courses, 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 and 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 Physical Adventures, its instructors, officers, affiliates, and executors for the undersigned participating in said sporting events and/or training for said sporting events.

The undersigned agrees that this is the full agreement between the parties, that no representatives of Physical Adventures, nor anyone else has 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 understand that photos or video may be taken during the course of my involvement in the Group Exercise Program, 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 no refund policy, but I can receive a credit (for unused portion of camp) towards a future camp if, for reasons beyond my control, I am not able to complete the one I originally joined. Camp fees cannot be used towards any other products or services.

Signature

Printed Name

____/____/____
Date