

**Registration Form For Jersey Boot Camp - 2008**  
**Instructions to return this form can be found on the last page. Please call Nitin Chhoda at (201) 723 7149 if you have any questions filling out this form.**

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Personal Information

Name		Address	
City		State / ZIP	
Profession		Country	
Date of Birth		Phone Number	
Work Number		Fax Number	
Email Address			

Self Assessment & Additional Information

I rate my current fitness level as a (1-10), ten being high.	
I was referred by:	
How did you hear about us?:	
Please specify publication / website / friend or other referral:	
This is my first camp:	Yes or No?
If you answered "no", when was the last camp you attended:	
My Main goal is:	
Name of Emergency Contact & Phone Number	

Camp and Payment Information

What camp are you joining?	Votee Park in Teaneck / Liberty State Park in Jersey City <b>August 25 / Sept 29 / Please indicate your</b>
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	<b>camp dates as stated on the website – New classes are introduced often</b>
What time are you attending?	5.30 am / 6 pm
Choose your camp frequency and cost.	3 days/week - \$239 5 days/ week - \$349
Form of payment:	Cash / Check / CC
<p><b>\$349 (5 days/week)   \$239 (3days/week) *Currently, we offer 3 days/week and 5 days/weekly classes. Since it is only a 4-week class, we do prefer you to attend the full 5-day a week program (as soon as we begin) for best results and overall work-out!</b></p> <p><b>You can do it!! !</b></p> <p><b>MEDICAL HISTORY</b> <i>(If you are a returning camper, only complete the sections that have changed.)</i></p>	
Medical History	
<i>(If you are a returning camper, only complete the sections that have changed.)</i>	
<b>1. Are you allergic to any medication (aspirin, penicillin, sulfa, etc.)?</b>	
List Medications:	
<b>2. Do you take any prescribed medication on a permanent or semi-permanent basis?</b>	
List Medications:	
<b>3. Do you have a seizure disorder (epilepsy)?</b>	
<b>4. Do you have diabetes Adult or Juvenile?</b>	
List Medications:	
<b>5. Have you ever been found to be anemic (low blood count)?</b>	
<b>6. Do you have High Blood Pressure (hypertension)?</b>	
List Medications:	
<b>7. Do you have or have you ever had the following diseases?</b>	
Heart Disease:	
Lung Disease:	
Kidney Disease:	
Liver Disease:	
<b>8. Do you have asthma?</b>	
List Medications:	

<p><b>9. Have you ever had a severe neck injury?</b> Describe:</p>	
<p><b>10. Have you ever been knocked out?</b> Describe:</p>	
<p><b>11. Do you wear glasses or contact lenses?</b></p>	
<p><b>12. Have you had a broken bone or fracture in the past 2 years?</b> Describe:</p>	
<p><b>13. Have you ever injured your back?</b> Describe:</p>	
<p><b>14. Do you have back pain?</b></p>	
<p><b>15. Have you had knee pain in the past 2 years that has disabled you for longer than a week?</b> Describe:</p>	
<p><b>16. Do you have other physical conditions which cause pain?</b> Describe:</p>	
<p><b>17. Detail any surgical procedures:</b></p>	
<p><b>18. What are your goals for the next three months?</b></p>	
<p><b>19. Have you had your body fat tested?</b></p>	
<p>If yes, what percent is it?</p>	
<p><b>20. Are you training for a specific event?</b> If yes, explain:</p>	
<p>Release:</p>	
<p><i>NOTICE: It is wise to seek your doctor's advice before beginning any health/fitness/nutrition program!</i></p> <p><b>RELEASE</b></p> <p>This release is entered into between the undersigned and Jersey Boot Camp, its officers, subsidiaries, affiliates, and executors in addition to the location where the camp is conducted. The purpose of Jersey Boot Camp is to provide fitness instruction and coaching for various levels of athletes/individuals.</p> <p>The undersigned hereby acknowledge that the following was explained to me and/or agree to the following:</p>	

1. Acknowledges that Nitin Chhoda is not a physician, but is a licensed physical therapist and fitness professional, but has not been trained in any way to provide medical diagnosis, medical treatment, or any other type of medical advice.

2. Acknowledges that coaching/training is a great benefit from the camp, but that Jersey Boot Camp does not guarantee neither good nor bad will occur nor guarantees the training advice given by Nitin Chhoda including Jersey Boot Camp will produce 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 boot camps, 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/activities including the elements of a natural environment, 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 Jersey Boot Camp 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 Jersey Boot Camp including Nitin Chhoda 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.

Customer client agrees to confidentiality with respect to Jersey Boot Camp and all services provided by same. The undersigned agrees to refrain from disclosing, directly or indirectly, any and all aspects of Jersey Boot Camp. The undersigned agrees to a non-compete clause within a 50 mile radius of Teaneck, NJ for a period of 5 years from date of participation.

**Checkmark the following:**

<input type="checkbox"/>	I agree not to use foul language during Boot Camp. Any violation will result in twenty push-ups per occurrence.
<input type="checkbox"/>	I agree not to eat or say the words <i>Twinkie</i> , <i>Donuts</i> , <i>Ho-Ho's</i> , <i>Ding Dong</i> , or <i>Cup Cake</i> during the course of Boot Camp. Any violation will result in twenty push-ups per occurrence.
<input type="checkbox"/>	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.

<input type="checkbox"/>	I understand that photos or video <i>may be taken</i> 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.
<input type="checkbox"/>	I understand there is no refund policy, but I can receive a credit (for unused portion of camp) towards a future camp if I'm not able to complete the one I originally joined. Camp fees <b>can not</b> be used towards any other products or services provided by Jersey Boot Camp.
<input type="checkbox"/>	I will remember to set my alarm and be at camp on time.
<input type="checkbox"/>	I understand that diet and nutrition will effect my fitness goals and performance during boot camp.
<input type="checkbox"/>	I will bring a positive attitude, and expect to have fun
Agreement and Signature	
<input type="checkbox"/>	I agree to all Terms and Conditions listed above
Signature	
Date (MM/DD/YYYY)	

## **Return Instructions**

### **Option 1**

**Please mail this form to  
Jersey Boot Camp,  
240 Prospect avenue, 225  
Hackensack, NJ 07601**

### **Option 2**

**Please fax this completed form to  
(206) 984 4749**

### **Option 3**

**Please bring this form with you when you come to  
camp.**

**Please call Nitin Chhoda at (201) 723 7149 if you have  
any questions filling out this form.**