



REGISTRATION FORM

1. Print this form; fill in your information clearly and completely, and sign the release.
 2. Choose camp options and payment option.
 3. Choose the method to return your forms:
 Make check payable to: **Space Coast Adventure Boot Camp or SCABC**
 6550 N. Wickham Rd., Suite 4
 Melbourne, FL 32940

I am signing up for camp beginning on: _____ Located at _____

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 boot camp? _____ If referral: _____

Payment Options (check one)

- Check or money order is enclosed (made out to SCABC)
- I paid online using PAYPAL

Attendance Options (check one):

- Ultimate Package (unlimited camps +) – 3 month option (\$369)
- Ultimate Package (unlimited camps +) – 6 month option (\$329)
- Full Membership (5 days/wk) – 1 month option (\$299)
- Full Membership (5 days/wk) – 3 month option (\$269)
- Full Membership (5 days/wk) – 6 month option (\$239)
- Intermediate Membership (4 days/wk) – 1 month option (\$239)
- Intermediate Membership (4 days/wk) – 3 month option (\$215)
- Intermediate Membership (4 days/wk) – 6 month option (\$189)
- Basic Membership (3 days/wk) – 1 month option (\$179)
- Basic Membership (3 days/wk) – 3 month option (\$159)
- Basic Membership (3 days/wk) – 6 month option (\$139)

MEDICAL HISTORY QUESTIONNAIRE

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; 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.

MEDICAL HISTORY QUESTIONNAIRE CONT'D

18. What are your goals for the next three months? _____

PLEASE EXPLAIN ALL "YES" ANSWERS BELOW. PLEASE REFERENCE THE QUESTION NUMBER.

NOTICE:

It is wise to seek your doctor's advice BEFORE beginning any health/fitness/nutrition program!

Informed Consent, Waiver, Release and Non-Compete Agreement

This release is entered into between the undersigned and Space Coast Adventure Boot Camp, its officers, subsidiaries, affiliates, and executors in addition to the City of Melbourne and Brevard County. The purpose of Space Coast Adventure Boot Camp is to provide fitness instruction and coaching for various levels of athletes/individuals.

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

1. Acknowledges that Diane Schullstrom and all boot camp instructors 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, but that Space Coast Adventure Boot Camp does not guarantee neither good nor bad will occur nor guarantees the training advice given by Space Coast Adventure 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 Space Coast Adventure Boot Camp for the undersigned participating in said sporting events and/or training for said sporting events.
 5. That any information obtained by Customer/Client while enrolled by programs provided by Space Coast Adventure Boot Camp regarding the nature of Owner's business, services, fees programs, materials, commissions, customers, or any of its activities, is highly confidential, and is important to Owner, and to the effective operation of the Company's business. Customer/Client therefore agrees that while enrolled by Space Coast Adventure Boot Camp and at any time after the enrollment, Customer/Client will make no disclosure of any kind, directly or indirectly, concerning any such confidential matters relating to the business of the Owner.
 6. Participant agrees that Space Coast Adventure Boot Camp has a legitimate business interest in its valuable confidential business information, customer goodwill, the specialized training provided by Boot Camp to Participant, and that it's operation is intended to result in an expanding network of existing and prospective clients and the establishment of goodwill, name recognition, and referrals within Brevard County, Florida. In recognition of these legitimate business interests, Participant agrees while participating in the services under this Agreement, and for a period of twenty-four(24) months thereafter, Participant shall not compete with Boot Camp in any way, including, but not limited to, providing services in Brevard County for another boot camp-type program (whether or not such program is described as a boot camp), forming or establishing a boot camp-type program in Brevard County (whether or not such organization is described as a boot camp), or utilizing SCABC's valuable confidential business information in any other business, program or activity.
 7. SCABC reserves the right to cancel camp class for instructor illness, rainout, and/or for any major holidays, i.e. New Year's Day, Memorial Day, July 4th, Thanksgiving, Christmas and any others to be determined. All efforts will be made to find a qualified substitute in the event of instructor illness.
 8. SCABC will not offer make up days for less than one week of absence. Absence must be due to travel or extended illness or injury. Notice to SCABC must be provided in writing in advance of travel, or within first three days of illness to be given an extension of agreement.
- The Undersigned agrees that this is the full agreement between the parties, that Space Coast Adventure Boot Camp 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.

Checkmark the following:

I agree not to use foul language during Boot Camp. Any violation will result in twenty push-ups per occurrence.

I agree not eat or say the words Twinkie, Donuts, Ho-Ho's, Ding Dong, or Cup Cake during the course of Boot Camp. 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 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, following the guidelines in #8 above. Camp fees can not be used towards any other products or services provided by Space Coast Boot Camp.

I will remember to set my alarm and be at Boot Camp on time.

I understand that diet and nutrition will effect my fitness goals and performance during Boot Camp.

I will bring a positive attitude, and expect to have fun!

Your signature will be required at the time of your evaluation and you agree to the terms now!

Signature (only if printed and mailed)

Printed Name (only if printed and mailed)

Date