

**TEAM RADOSTA REGISTRATION FORM**

**To register for an upcoming Team Radosta Boot Camp just follow the simple instructions below.**

- 1. Print the Registration forms.
- 2. Complete the registration and Health History forms - please print clearly. Make checks payable to: Team Radosta, LLC. The classes are \$50 per month for 2 classes per week (Total of 8 classes per month) or \$75 per month for 3 classes per week (Total of 12 classes per month)
- 3. Mail the registration forms and payment to:

**Team Radosta LLC**  
**5831 Grand Reunion Dr**  
**Hoschton GA, 30548**

**Team Radosta Boot Camp Registration**

Name: \_\_\_\_\_

Referred by \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Age \_\_\_\_\_ (Birth Date) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender  Male  Female

Profession: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please choose your class time (check one):**

Mon/Wed/Fri 5:30 am \_\_\_\_\_ 9:30am\_\_\_\_\_

Tues/Thurs 5:30 am \_\_\_\_\_

What are your three most important fitness goals? Please rank them 1-2-3.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Team Radosta Boot Camp Agreement**

1. I agree to show up for class every day I am registered for.
2. I understand that diet and nutrition will affect my fitness goals and performance.
3. I will remember to set my alarm and be at class ON TIME!

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Cancellation Policy:**

Team Radosta LLC reserves the right to cancel any course at any time because of insufficient enrollment and/or administrative reasons. Refunds are made for full courses cancelled by Team Radosta LLC or we can move you to the next session of your choice. There is a \$25.00 fee for all returned checks. Every effort is made by Team Radosta LLC to contact students in the event of a cancelled course. Our course schedule is set up to provide a minimum of 8 classes for 2 day a week or 12 classes for 3 day a week schedules. We will make every effort to offer make up classes to ensure a total of 8 or 12 classes per month if we have to cancel due to inclement weather or other reasons but we cannot guarantee or offer refunds.

# SHORT HEALTH HISTORY FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

The following information will be kept strictly confidential and will be utilized only to help make your workout safe. Please check any conditions that may apply to you.

Have you ever been told by a physician that you have or have had any of the following?

	<b>YES</b>	<b>NO</b>
Heart attack .....	<input type="checkbox"/>	<input type="checkbox"/>
Seizure .....	<input type="checkbox"/>	<input type="checkbox"/>
Stroke .....	<input type="checkbox"/>	<input type="checkbox"/>
High cholesterol levels (>200) .....	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure .....	<input type="checkbox"/>	<input type="checkbox"/>
Abnormal electrocardiogram (EKG) .....	<input type="checkbox"/>	<input type="checkbox"/>
Cancer .....	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes .....	<input type="checkbox"/>	<input type="checkbox"/>
Lung problems .....	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis .....	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis .....	<input type="checkbox"/>	<input type="checkbox"/>
Gout .....	<input type="checkbox"/>	<input type="checkbox"/>

If you are currently taking any prescription or over-the-counter medications, please list them here:

---

---

---

	<b>YES</b>	<b>NO</b>
1. Do you smoke? .....	<input type="checkbox"/>	<input type="checkbox"/>
2. Can you swim? .....	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you exercise aerobically three to four times per week? .....	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any past or current injuries or problems with any of the following areas?

	<b>YES</b>	<b>NO</b>
Irregular heart beat .....	<input type="checkbox"/>	<input type="checkbox"/>
Cramping .....	<input type="checkbox"/>	<input type="checkbox"/>
Low back .....	<input type="checkbox"/>	<input type="checkbox"/>
Chest pain .....	<input type="checkbox"/>	<input type="checkbox"/>
Shin splints .....	<input type="checkbox"/>	<input type="checkbox"/>
Midback .....	<input type="checkbox"/>	<input type="checkbox"/>
Loss of coordination .....	<input type="checkbox"/>	<input type="checkbox"/>
Neck .....	<input type="checkbox"/>	<input type="checkbox"/>
Shoulders .....	<input type="checkbox"/>	<input type="checkbox"/>
Heat intolerance .....	<input type="checkbox"/>	<input type="checkbox"/>
Hands .....	<input type="checkbox"/>	<input type="checkbox"/>
Feet .....	<input type="checkbox"/>	<input type="checkbox"/>
Dizziness .....	<input type="checkbox"/>	<input type="checkbox"/>
Hips .....	<input type="checkbox"/>	<input type="checkbox"/>
Ankles .....	<input type="checkbox"/>	<input type="checkbox"/>
Fainting .....	<input type="checkbox"/>	<input type="checkbox"/>
Calves .....	<input type="checkbox"/>	<input type="checkbox"/>
Knees .....	<input type="checkbox"/>	<input type="checkbox"/>

I realize that there are risks, including injury and possible death, to all exercise. While every effort will be made to decrease any risk of injury, I take full responsibility for my participation in this class. Knowing that I may participate at my own pace and that I am free to discontinue participation at any time, I will inform the instructor of any problems—immediately.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# PAR-Q and YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 to 69, the Par-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly. Check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you are not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose Consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem (for example, back, neck, knee, or hip) that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know <u>any other reason</u> why you should not do physical activity?

if

you

answered

## YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want—as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful to you.

## NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal – this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

## DELAY BECOMING MUCH MORE ACTIVE:

- If you are not feeling well because of a temporary illness such as a cold or a fever – wait until you feel better; **or**
- If you are or may be pregnant – talk to your doctor before you start becoming more active.

**PLEASE NOTE:** If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

**Informed use of the PAR-Q:** The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completion of this questionnaire, consult your doctor prior to physical activity.

**NOTE:** If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

“I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.”

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE OF PARENT: \_\_\_\_\_  
or GUARDIAN (for participants under the age of majority)

WITNESS: \_\_\_\_\_

**NOTE: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.**

**INFORMED CONSENT FOR PARTICIPATION**  
**IN A HEALTH AND FITNESS TRAINING PROGRAM**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**1. PURPOSE AND EXPLANATION OF PROCEDURE**

I hereby consent to voluntarily engage in an acceptable plan of personal fitness training. I also give consent to be placed in personal fitness training program activities which are recommended to me for improvement of dietary counseling, stress management, and health/fitness education activities. The levels of exercise I perform will be based upon my cardio respiratory (heart and lungs) and muscular fitness. I understand that I may be required to undergo a graded exercise test prior to the start of my personal fitness training program in order to evaluate and assess my present level of fitness.

I will be given exact personal instructions regarding the amount and kind of exercise I should do. A professionally trained personal fitness trainer will provide leadership to direct my activities, monitor my performance, and otherwise evaluate my effort. Depending upon my health status, I may or may not be required to have my blood pressure and heart rate evaluated during these sessions to regulate my exercise within desired limits. I understand that I am expected to attend every session and to follow staff instructions with regard to exercise, stress management, and other health and fitness regarded programs. If I am taking prescribed medications, I have already so informed the program staff and further agree to so inform them promptly of any changes which my doctor or I have made with regard to use of these. I will be given the opportunity for periodic assessment and evaluation at regular intervals after the start of the program.

I have been informed that during my participation in the above described personal fitness training program, I will be asked to complete the physical activities unless symptoms such as fatigue, shortness of breath, chest discomfort or similar occurrences appear. At this point, I have been advised that it is my complete right to decrease or stop exercise and that it is my obligation to inform the personal fitness training program personnel of my symptoms, should any develop.

I understand that during the performance of exercise, a personal fitness trainer will periodically monitor my performance and, perhaps measuring my pulse, blood pressure, or assess my feelings of effort for the purposes of monitoring my progress. I also understand that the personal fitness trainer may reduce or stop my exercise program when any of these findings so indicate that this should be done for my safety and benefit.

I also understand that during the performance of my personal fitness training program physical touching and positioning of my body may be necessary to assess my muscular and bodily reactions to specific exercises, as well as to ensure that I am using proper technique and body alignment. I expressly consent to the physical contact for the stated reasons above.

**2. RISKS**

It is my understanding and I have been informed that there exists the remote possibility during exercise of adverse changes including, but not limited to, abnormal blood pressure, fainting, dizziness, disorders of heart rhythm, and in very rare instances heart attack, stroke, or even death. I further understand and I have been informed that there exists the risk of bodily injury including, but not limited to, injuries to the muscles, ligaments, tendons, and joints of the body. Every effort, I have been told, will be made to minimize these occurrences by proper staff assessments of my condition before each personal fitness training session, staff supervision during exercise and by my own careful control of exercise efforts. I fully understand the risks associated with exercise, including the risk of bodily injury, heart attack, stroke or even death, but knowing these risks, it is my desire to participate as herein indicated.

**3. BENEFITS TO BE EXPECTED AND ALTERNATIVES AVAILABLE TO EXERCISE**

I understand that this program may or may not benefit my physical fitness or general health. I recognize that involvement in the personal fitness training sessions will allow me to learn proper ways to perform conditioning exercises, use fitness equipment and regulate physical effort. These experiences should benefit me by indicating how my physical limitations may affect my ability to perform various physical activities. I further understand that if I closely follow the program instructions, that I will likely improve my exercise capacity and fitness level after a period of 3-6 months.

**4. CONFIDENTIALITY AND USE OF INFORMATION**

I have been informed that the information which is obtained in this personal fitness training program will be treated as privileged and confidential and will consequently not be released or revealed to any person, to the use of any information which is not personally identifiable with me for research and statistical purposes so long as same does not identify my person or provide facts which could lead to my identification. Any other information obtained, however, will be used only by the program staff to evaluate my exercise status or needs.

**5. INQUIRIES AND FREEDOM OF CONSENT**

I have been given an opportunity to ask questions as to the procedures.

**I have read this Informed Consent form, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily, without inducement.**

Participant's Signature \_\_\_\_\_

Participant's Name (Printed) \_\_\_\_\_

Witness's Signature \_\_\_\_\_ Date: \_\_\_\_\_