



"Fitness for the whole family"

OFFICE USE ONLY

Inputted: _____

BOOTCAMP

Notes _____

**PLEASE COMPLETE THIS FORM AND EMAIL BACK TO
bootcamp@harboursidefitness.com.au**

BOOTCAMP ENLISTMENT FORM

Name: _____ D.O.B. / / M / F (Please circle)
First Name Surname

Address: _____
Street No. Street Name Suburb State Postcode

Contact: _____
Mobile Email

Misc: _____
Emergency Contact name & number Bootcamp Location

Have you been exercising recently?

If Yes:

What type of exercise? _____

How many times per week? _____

How long have you done this? _____

Have you been consistent? Y / N _____

If No

Have you done structured exercise in the past? Y / N _____

If Yes, what was it? _____

How long ago? _____ How often? _____

If you did, why did you stop? _____

Do you suffer from? (Please tick)

- | | | |
|--|--|---|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Pain or Tightness In Chest | <input type="checkbox"/> Infections or Diseases |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Palpitations | <input type="checkbox"/> Muscular Pain/ Cramps |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Any Major Injuries | <input type="checkbox"/> A Hernia |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Back Pain |
| <input type="checkbox"/> Family History of Heart Disease | <input type="checkbox"/> Liver/ Kidney Conditions | <input type="checkbox"/> Chronic Cough |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Regular Headaches | <input type="checkbox"/> High Cholesterol |
| <input type="checkbox"/> High/ Low Blood Pressure | <input type="checkbox"/> Have You Been Hospitalised Recently | |

Miscellaneous

- | | |
|---|---|
| <input type="checkbox"/> Are you pregnant? | <input type="checkbox"/> Are there any conditions that may limit your activity? |
| <input type="checkbox"/> Are you male >35 yrs & unaccustomed to exercise? | <input type="checkbox"/> Are you female >45 yrs & unaccustomed to exercise? |

How did you hear about Harbourside Fitness? _____

I hereby represent to Harbourside Health & Fitness, its management, associated companies, trusts, partnerships and other legal entities, their directors, officers, employees, agents and affiliates that I am physically capable of and there is no medical reason to prevent me, from proceeding with any Harbourside Health & Fitness program without endangering my health. I acknowledge that whilst participating in the Harbourside Health & Fitness program, my person and my property are at my own risk. I acknowledge that I will not hold Harbourside Health & Fitness responsible for and Harbourside Health & Fitness hereby excludes, to the extent permitted by law, all liability for any personal injury or damage (whether direct, indirect, special or consequential) suffered by me while I am participating in the Harbourside Health & Fitness program, however that injury, damage or loss is caused, including if it is caused by the negligence of Harbourside Health & Fitness. I acknowledge that except as provided in this document Harbourside Health & Fitness offers no warranty in respect to the services and equipment it provides. I hereby release and will indemnify Harbourside Health & Fitness for any injury or loss suffered by me whilst participating in the Harbourside Health & Fitness program. I also agree to be added to the Harbourside Mailing List, until I unsubscribe online

_____ Participants Name	_____ Participant Signature	_____ Date
_____ Received By	_____ Signature	_____ Date