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APPLICATION FORM, MEDICAL HISTORY & INDEMNITY

Thank you for your interest in Extreme Boot Camp South Africa.

Kindly complete the form below to sign up for eXtreme fun, eXtreme fitness and an eXtreme change to YOUR life for the better!!

Application:

First Name / s	
Surname	
Cell Number	
Home Number	
Work Number	
Fax Number	
Email Address*	
Home Address	
Date of Birth	
Age	
Sex (Male/Female)	

Medical Questions (Info will be dealt with in utmost confidentiality):

The absolute best way to pursue **fitness, health and physique improvement** is to stay **healthy, safe and injury free**... so always use a common sense approach to guide you during your training.

Under **NO** circumstances should you begin this program unless you can honestly answer "**NO**" to all of the following questions, for some conditions, you may be required to undergo a full medical with your GP:



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1. Have you ever been diagnosed with a heart condition by a doctor, or been told by that you should only do physical activity under a doctor's supervision? **YES/NO**

If **YES**, please provide details: _____

2. Do you ever experience pain in your chest when you do physical activity? **YES/NO**

If **YES**, please provide details: _____

3. Do you ever become dizzy, loose your balance due to dizziness, or do you ever loose consciousness (faint)? **YES/NO**

If **YES**, please provide details: _____

4. Do you currently have problems with your bones, joints, tendons, ligaments or muscle tears that could be aggravated by you participating in the boot camp activities? **YES/NO**

If **YES**, please provide details: _____

5. Are you currently on prescription medication for your blood pressure, cholesterol or a heart condition? **YES/NO**

If **YES**, please provide details: _____

6. Are you currently using any other medication for any reason whatsoever? **YES/NO**

If **YES**, please provide details: _____



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7. Do you have any allergies? **YES/NO**
If **YES**, please provide details: _____

8. Have you ever suffered, or do you currently suffer from asthma? **YES/NO**
If **YES**, please provide details: _____

9. Have you ever suffered, or do you currently suffer from diabetes? **YES/NO**
If **YES**, please provide details: _____

10. Are you currently overweight? **YES/NO**
If **YES**, please provide details: _____

11. Is there any other condition not mentioned above that Extreme Boot Camp should be aware of that may influence your health, safety or that may cause an injury to you?
YES/NO
If **YES**, please provide details: _____



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Indemnity (Please complete in full):

I _____ have agreed to participate in Extreme Boot Camp, an outdoor fitness camp. The activities of Extreme Boot Camp include strength training, running, agility drills, jumping, intense cardiovascular activities and flexibility training.

Acknowledgment is hereby made that the activities of the camp will require me to spend time outside in the heat, as well as inside in the event of inclement weather. I further acknowledge that there are risks involved in participating in the boot camp. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, my physical condition, equipment, actions of other people including, but not limited to, participants, volunteers, and lack of hydration. In consideration of my being accepted into the program, I agree to release and discharge Extreme Boot Camp and any of its employees, volunteers, supervisors, and Sharon Jessop, from any injuries sustained by me as a result of my participation in this program. I agree to indemnify and hold harmless, Extreme Boot Camp, and any of its employees, volunteers and supervisors, facilities and owners of Extreme Boot Camp against any liability incurred as a result of such injury or loss. Fitness activities and programs require that I be in good health and have no condition that could endanger my well-being through participation. I will notify Extreme Boot Camp of any such defects in writing prior to enrolling in this program.

The undersigned agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of myself.

Signature of Participant: _____

Date: _____



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Choose your option, tick the box!

Classes per Week	Tick appropriate block
1 – 2 classes per week (NOT recommended!!)	
3 – 5 classes / week (For best results!)	
Sunridge Primary Classes	
Summerwood Primary Classes	

CHOOSE YOUR OPTION, COMPLETE AND EMAIL THIS FORM TO

info@extremebootcamp.co.za

OR

FAX TO: 086 682 2686

BANKING DETAILS FOR EFT OR DIRECT DEPOSIT (Proof of payment required):

NO CASH PAYMENTS ACCEPTED – SORRY!!

Account Name: Extreme Boot Camp
Bank: First National Bank
Branch: Newton Park
Branch Code: 261-050
Account Number: 62232760779
Type: Cheque/Current Account