

# BodySculpt BootCamp

## Personal Intake Form

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

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email address: \_\_\_\_\_

DOB(D/M/Y): \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work phone #: \_\_\_\_\_ Referred By: \_\_\_\_\_

The phone # you would like us to use when contacting you is: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Contact #: \_\_\_\_\_

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

**Please describe the following statements as they pertain to you.**

My Weak Links: Describe any physical complaints that consistently act up. For example, you sit at a desk, hold tension in your shoulder &/or suffer from headaches on occasion.

\_\_\_\_\_

\_\_\_\_\_

Accidents/Injuries: list any that have made an impact on your life or have occurred within the last 5 years

\_\_\_\_\_

\_\_\_\_\_

- Do you experience spinal pain? N/Y if yes, where & when please explain:

\_\_\_\_\_

- Have you had X-rays taken of your spine? N/Y if yes, when?

\_\_\_\_\_

Surgeries/Hospitalizations: list any that have made an impact on your life or have occurred within the last 5 years:

\_\_\_\_\_

\_\_\_\_\_

Medications/Supplements: specific types & amounts:

\_\_\_\_\_

**Smoker** N/Y if yes, how much? \_\_\_\_\_ How long? \_\_\_\_\_ years/months

**Drinker** N/Y if yes, how much? \_\_\_\_\_

Are you currently under the care of a health professional? N/Y

If yes, for what condition(s) & for how long? please explain:

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 Fitness experience: what is your body used to doing? (weights, aerobic classes, cycling, running, professional couch potato)

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 Current fitness level/program: my typical week looks like (type, duration, frequency)

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 Fitness Goals: It is important to identify goals for yourself, whether it is to simply make it through the 8 weeks, run a 10km race, lose 1/2 inch around your thighs, make new friends, increase your anaerobic threshold, run without feeling like your lungs are burning, complete 5 chin-ups. We are all here to help motivate each other and keep ourselves accountable!!

My 3 top goals are:

- 1) -----
- 2) -----
- 3) -----

**Active Chiropractic and BodySculpt BootCamp Waiver**

All participants in an Active Chiropractic- BodySculpt BootCamp and related events are required to assume all risk of participation in the program by signing this general release and agreement.

I understand that fitness programs have potentially hazardous activities associated with them. I should not participate prior to approval by my physician. I assume any and all other risks associated with these events including but not limited to falls, contact with other participants, the effects of the weather including high heat and/or humidity, the conditions of the parks/workout area, all such risks being known and appreciated by me. Knowing these facts, in consideration of BodySculpt BootCamp accepting this entry, I hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages sustained by me as a result of this program, for any cause whatsoever, including negligence. It is expressly understood by the undersigned that this program is entered into at the sole risk of the undersigned and that Active Chiropractic is exempt from liability for any and all damages sustained and any and all injury and loss, including personal and property loss arising from any cause whatsoever, including negligence. I hereby acknowledge having read this release and waiver and I understand and voluntarily accept its terms.

**BodySculpt BootCamp Policies:** When possible, please arrive 10 minutes before class starts so we can maximize our time. Always

bring **indoor** shoes for BootCamp or for inside the clinic sessions. In the case that a class is cancelled by Active Chiropractic, you will be entitled to a make-up class. A \$50 deposit is required to register and hold your spot in a session prior to the session start. Payment is due in full in the 1st week of classes of the session. You are able to make up a class within the session as long as adequate notice is given in advance and there is space in another class to accommodate your request (please see cancellation policy).

**Return & Refund Policy:** No refunds or credits of any fees will be given once the first week of the session commences for

BodySculpt BootCamp, Yoga, and Running Clinics, however it may be possible to discuss and determine by management on a case to case basis for extenuating circumstances. Please note that the \$50 deposit to register and hold your spot is non-refundable and non-transferable. Unused classes in your series during a session are non-transferrable and non-refundable.

**Cancellation Policy:** Your class reservation is reserved especially for you. We ask you to please let the front desk staff know

in advance when you are unable to attend a class (the more time you can give us the better we are able to accommodate other members as well as yourself). As we do require 2hrs notice to cancel a class; otherwise, that class will be deducted from your package. The class will also be deducted from your package if you have reserved a spot and are absent. Please call the clinic up to 1hr prior for the possibility of an early cancellation exception.

\_\_\_\_\_  
 Signature of Participant

\_\_\_\_\_  
 Date

Active Chiropractic Health Centre will never sell, trade, rent exchange or otherwise share your personal information with any other person, company, or organization. Privacy is of paramount importance to us. The information you provide us including your name, address, phone numbers, email address, purchases, and credit card information is used to process your order or registration, to answer your questions, and to send you periodic mailings about our services or upcoming events.



**Physical Activity Readiness Questionnaire (PAR-Q)**

**PAR-Q** is designed to help you help yourself. Many health benefits are associated with regular exercise, and the completion of a **PAR-Q** is a sensible first step to take if you are planning on increasing the amount of physical activity in your life. For most people physical activity should not pose a problem or hazard. **PAR-Q** has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them. Common sense is your best guide in answering these few questions. Please read them carefully and check the correct answer opposite the question.

1. Has your doctor ever said you have heart trouble?	<b>Yes</b>	<b>No</b>
2. Do you frequently have pains in your heart or chest?	<b>Yes</b>	<b>No</b>
3. Do you tend to lose consciousness or fall over as a result of dizziness?	<b>Yes</b>	<b>No</b>
4. Do you have a <u>bone or joint</u> problem that could be or has been aggravated by exercise?	<b>Yes</b>	<b>No</b>
5. Has your doctor ever recommended medication for your <u>blood pressure</u> or a <u>heart condition</u> ?	<b>Yes</b>	<b>No</b>
6. Are you aware, through your own experience or a doctor's advice, of any other physical reason against your exercising without medical supervision?	<b>Yes</b>	<b>No</b>
7. Are you over the age of 65 and not accustomed to vigorous exercise?	<b>Yes</b>	<b>No</b>
<b>If you answered <u>YES</u> to one or more of the above questions, please answer the following questions:</b>		
8. Have you consulted with your physician regarding increasing your physical activity and/or performing a fitness assessment? ____ <b>initials</b>	<b>Yes</b>	<b>No</b>
9. If you answered no to question 8, will you consult your physician prior to increasing your physical activity and/or performing a fitness assessment? ____ <b>initials</b>	<b>Yes</b>	<b>No</b>

**Participant Name:** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Trainer's Name:** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



Under the Canada Anti-Spam Legislation (CASL), effective as of July 1, 2014, we require your consent in order to send you electronic communications; for example, the latest in exercises, nutrition information, class schedules, appointment reminders and any other information that may be of interest to you. To allow us to continue providing information that is relevant to you, please take a moment and check the boxes for the information that you would like to receive.

Active Chiropractic would not want you to miss out on any information that is beneficial to you.

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

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

Email address: \_\_\_\_\_

<b>Appointment Reminders/Confirmation</b>	
Clinic Newsletter	<input type="checkbox"/>
Chiropractic – News	<input type="checkbox"/> Kinesiology - News
BootCamp – Registration	<input type="checkbox"/> BootCamp – News/Information
Yoga – Registration	<input type="checkbox"/> Yoga – News/Information
Running Clinics – Registration	<input type="checkbox"/> Personal Training
Counselling	<input type="checkbox"/> Nutrition Counselling
Naturopathic Medicine	<input type="checkbox"/> Physiotherapy
<b>I do <u>NOT</u> wish to receive <u>ANY</u> emails</b>	

You may withdraw your consent or modify your subscription preferences at any time.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name – please print

\_\_\_\_\_  
Witness - Signature

\_\_\_\_\_  
Name – please print