



This form is for **FIRST TIME BOOT CAMPERS** and **RETURNING CAMPERS** who have been out for **>6 months ONLY**.

PRINTED REGISTRATION FORM

1. Print this form; fill in your information clearly and completely, and sign the releases.
2. Choose camp (date & ID), options (Nutrition and/or Peak Performance) and payment option.
3. Choose the method to return your forms:

By Fax: (805) 644-5574

 By Mail: Ventura County Adventure Boot Camp
 6019-D Olivas Park Drive
 Ventura, CA 93003

NOTE: A completed registration and payment are required to secure your place in camp; otherwise your space cannot be guaranteed. There have been times when camps sell out while this form is in the mail. We recommend registering online, as it is immediate. However, if you want to mail in your form and want to assure that a space is still available, YOU NEED TO CALL OR EMAIL US TO LET US KNOW THIS IS IN THE MAIL. We will hold a spot for three days, for the mail to arrive, and then release it.

Please fill in all blanks. Red items are required fields and must be filled in to be accepted.

I am signing up for camp # _____ Beginning on: _____ @ _____ AM
 PM

Location: _____ [options are: Ventura; Thousand Oaks; Camarillo]

My Name: _____ Date of birth _____ / _____ / _____

Address: _____
 Street City State/Zip

Home Phone: _____ Cell Phone: _____

Job Title: _____ Work Phone: _____

Primary Email: _____

Emergency Contact Name: _____ Phone #: _____

I rate my current fitness level as a _____ My Height is: _____ My Weight is: _____
(use scale of 1-10, 10 being highest = elite athlete; 5=avg) (inches) (pounds)

My fitness main goal is: _____

My fitness goal in this camp is: _____

How did you hear about Adventure Boot Camp? _____

If by Referral please provide their name: _____
(first & last name please)

Attendance Options (check one) (please refer to your camp's online calendar for pricing):

----- DAILY ATTENDANCE OPTIONS -----

- | | | |
|--|----------------------|----------------------------------|
| <input type="checkbox"/> 5 days per week [5:30am class only] | M, Tu, W, Th, F | |
| <input type="checkbox"/> 3 days per week [5:30am; 5:45pm classes only] | M, W, F or Tu, Th, F | M, W, Th (<i>pm camp only</i>) |
| <input type="checkbox"/> 4 days per week [6:45am; 8:45am classes only] | M, Tu, Th, F | |
- (Please see your camp's online calendar for pricing)

Enhancement Packages (add-on options to enhance your results):

These programs provide, and require, a personal precamp consultation. You will need to call or email to set this meeting up.

- Peak Performance Package (start-up)
(POLAR Heart Rate Monitor + nutrition software –training how to use the two)
- Body Sculpting Nutrition (start-up)
(Custom nutrition guidance and coaching sessions)
- Optimum Results Package (start-up)
(Peak Performance + Nutrition Coaching –integrated use of HRM & nutrition follow-ups to optimize your results)

Payment Options (check one):

- I secured my spot! I paid online using PAYPAL. :-)
- Credit Card Authorization form is attached (*copy of if faxed over prior*)
- Check or money order is enclosed (*made out to True North Fitness*)
- I have a gift or charity certificate from [_____]
(*and I will call in to activate it*)

<p>Office Use Only:</p> <p>Amount paid: _____ Date: _____</p> <p>CC Auth # _____</p> <p>Notes:</p>

MEDICAL HISTORY QUESTIONNAIRE

All Questions Must Be Answered. Each "YES" answer requires a written explanation on the next page, please refer to the question #.

QUESTION	YES	NO
1 Are you allergic to any medications (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 (i.e. epilepsy or other)?	<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 / Heart Failure?	<input type="checkbox"/>	<input type="checkbox"/>
8 Do you have or have you ever had Lung Disease / Cardio respiratory condition?	<input type="checkbox"/>	<input type="checkbox"/>
9 Do you have or have you ever had Kidney Disease / Kidney failure?	<input type="checkbox"/>	<input type="checkbox"/>
10 Do you have or have you ever had Liver Disease / Liver failure?	<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 a neck injury?	<input type="checkbox"/>	<input type="checkbox"/>
13 Have you ever had been knocked out (unconscious)?	<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 Have you ever had a stress fracture or shin splints before?	<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; font-size: small; color: red; 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 Do you smoke? If so, describe how much, how often and what you smoke.	<input type="checkbox"/>	<input type="checkbox"/>
22 Have you ever smoked? If so, describe how long ago you quit, what you smoked and for how long.	<input type="checkbox"/>	<input type="checkbox"/>
22 Have ever had your body fat tested?	<input type="checkbox"/>	<input type="checkbox"/>
23 Are you currently on a "diet", enrolled in a weight control program, or following a controlled caloric meal plan of any type while you are in boot camp?	<input type="checkbox"/>	<input type="checkbox"/>
24 Do you have ANY physical limitations that restrict your ability to exercise or to execute normal, functional movements? Or has a medical professional ever directed you to limit your exercise, or that you not participate in an exercise program which is not directly administered by a medical professional?	<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

Are you training for a particular event? _____

What are your goals for the next three months? _____

**** REQUIRED**

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

PLEASE DESCRIBE ANY PRIOR EXERCISE/SPORTS HISTORY & EXPERIENCES [GOOD & BAD]

NOTE:

We advise seeking your doctor's advice BEFORE beginning any health/fitness/nutrition program!

**PARTICIPATION AGREEMENT; INFORMED CONSENT WAIVER;
LIABILITY RELEASE; & NON COMPETE AGREEMENT**

This agreement is entered into willingly by me, an individual, and the entities or persons listed below in section (A) on account of my desire to participate in a voluntary fitness program. I affirm my understanding that this fitness program is an extreme test of a person's physical and mental limits and carries with it the potential for serious injury, death, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, personal health condition, equipment, vehicular traffic, actions of other people including, but not limited to, participants, spectators, trainers, lack of hydration, and inadequate nourishment. I hereby assume all risks of participating in this activity. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault. In consideration of my application and permitting me to participate in the Adventure Boot Camp program, I hereby take action for myself, my executors, administrators, next of kin, successors, and assigns as follows:

- (A) Waive, Release, and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me including my traveling to and from Boot Camp training, THE FOLLOWING ENTITIES OR PERSONS:
 True North Pioneering, Inc., Ventura Adventure Boot Camp, the City of San Buenaventura, the City of Camarillo, the City of Thousand Oaks, the County of Ventura, Ventura Parks Department, Camarillo Parks Department, Thousand Oaks Parks Department, the State of California Parks Department, Ventura Unified School District, and Ventura County Christian School, their instructors, officers, affiliates, employees, agents, board members, and executors
- (B) Indemnify and Hold Harmless the entities or persons mentioned in the above paragraph from any and all liabilities or claims made as a result of participation in this event, whether caused by the negligence of releases or otherwise.

I understand the purpose of the Adventure Boot Camp Program offered by True North Pioneering, Inc. is to provide fitness instruction and coaching for various levels of athletes/individuals.

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

1. Acknowledges that the instructor and assistant coaches are not physicians and are not trained in any way to provide medical diagnosis or any other type of medical advice.
2. Acknowledges that coaching/training provided by True North Fitness & Health is designed to help increase health and fitness and Adventure Boot Camp is another tool for teaching athletes/individuals about themselves, and True North Fitness does not guarantee any specific fitness or health results by my participation.
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 their training, or otherwise, that they should stop the training session and should contact a physician at once.
4. Acknowledges that they are fit, do not have a physical injury or condition that would preclude participation in regular vigorous exercise and have not been advised otherwise by a qualified medical person, and they have a regular medical physician they can contact regarding any medical problems that they might develop.
5. Acknowledges I am asking to participate in this progressive fitness program strictly for personal reasons to improve my fitness conditioning and acknowledge that as a result I will be exposed to the proprietary training techniques of Adventure Boot Camp which are intended for same; consequently, I acknowledge and agree that I am not authorized to record the programming or daily plans of Adventure Boot Camp, and I willing surrender and promise that, for a period of no less than 24 months afterward, I will not directly or indirectly participate in a business that is similar in nature and in the same geographic area (within a radius of 50 miles) of any Adventure Boot Camp. This includes participating in my own business or as a co-owner, director, officer, consultant, independent contractor, employee or agent of another business.
6. Acknowledges that this Accident Waiver and Release of Liability form will be used by Adventure Boot Camp, in which the undersigned chooses to participate, and that it will govern my actions and responsibilities at during my activities with the Boot Camp.
7. I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during my Boot Camp training.

By signing this document, I acknowledge that I have voluntarily chosen to participate in a program of progressive physical exercise. I also acknowledge that I have been informed of the need to obtain a physician's examination and approval prior to beginning this exercise program. In signing this document, I acknowledge being informed of the strenuous nature of the program and the potential for unusual, but possible, physiological results including but not limited to abnormal blood pressure, fainting, heart attack or even death. I also understand that I may stop any training session at anytime. By signing this document, I assume all risk for my health and well being and any resultant injury or mishap that may affect my well being or health in any way and hold harmless of any responsibility, the instructor, facility or persons involved with the program and testing procedures.

_____/_____/_____
 Signature Printed Name Date

Ventura County ADVENTURE BOOT CAMP

PERFORMANCE PLEDGE

In the spirit of harnessing your best effort and optimizing your results from Adventure BootCamp (as stated in the "What you can Expect" statistics), we have established the following personal performance pledges. This agreement is by and between you and yourself. Your greatest results will be achieved by following these edicts. Your choice to break any performance promises is breaking a promise to yourself, moves you away from your stated goals, and WILL result in other than best results. In excessive cases, it will cause other than favorable results such as fat mass gain, body composition increase, or lean mass loss. If you have genuine concern about being able to follow any of these promises, please contact us for additional lifestyle coaching services so we can supplement your program and work together to optimize your efforts and move you toward your goals!!

You will need to check your understanding to each pledge promise and demonstrate your agreement by signing at the bottom in order to join us in Boot Camp.

- _____ I agree that I will abstain from [not consume] alcohol during my Boot Camp period.
- _____ I agree to abstain from the use of foul language during Boot Camp.
- _____ I agree to abstain from eating or speaking the words Twinkie, Donuts, Cookies, potato chips, Brownie, Ho-Ho's, Ding Dong, or Cake during the course of Boot Camp.
- _____ I agree to show up for Boot Camp every day unless it is an excused absence from my doctor or pre-approved with Boot Camp directors.
- _____ I will arrive at camp ON TIME. [I will set 4 or more alarms as necessary to ensure.]

(Any violation of the above statements will result in twenty push-ups per occurrence.)

POLICY NOTICES

- _____ 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 and I provide my release for same. 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 my unused portion of camp towards a future camp if, for reasons beyond my control, I am not able to complete the one I originally joined. I understand that absences cannot be recouped or made up. Camp credits may not be used towards any other products or services provided by True North Pioneering, Inc.
- _____ I understand that I may only attend the class I am registered in and there are no make-ups or credits for missed sessions.
- _____ I will follow proper dietary practices as explained by the VABC instructors.
- _____ I have read and fully accept the Ventura ABC program policies and guidelines.

Signature

Printed Name

____/____/____
Date