



Name: \_\_\_\_\_ M\_\_\_\_ F\_\_\_\_

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

Email: \_\_\_\_\_ Date of Birth\_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Mobile ( ) \_\_\_\_\_

Emergency Contact Name & Phone #: \_\_\_\_\_

T-Shirt Size (circle one): Small Medium Large X-Large 2XL

I rate my current fitness level as a \_\_\_\_\_ (1-10), ten being high

My goal in signing up for Operation Meltdown is \_\_\_\_\_

How did you find out about Operation Meltdown? \_\_\_\_\_

This is my first Boot Camp (circle one)? Yes No

**PLEASE ANSWER THESE QUESTIONS AS HONEST AND AS ACCURATE AS POSSIBLE**

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?  
YES\_\_\_\_ NO\_\_\_\_
2. Do you feel pain in your chest when you do physical activity?  
YES\_\_\_\_ NO\_\_\_\_
3. In the past month, have you had chest pain when you were not doing physical activity?  
YES\_\_\_\_ NO\_\_\_\_
4. Do you lose balance because of dizziness or do you ever lose consciousness?  
YES\_\_\_\_ NO\_\_\_\_

5. Do you have a bone or joint problem (ex: back, knee, or hip) that could be made worse by a change in your physical activity?  
YES \_\_\_\_\_ NO \_\_\_\_\_
6. Do you have diabetes?  
YES \_\_\_\_\_ NO \_\_\_\_\_
7. Do you have high blood pressure?  
YES \_\_\_\_\_ NO \_\_\_\_\_
8. Do you have asthma?  
YES \_\_\_\_\_ NO \_\_\_\_\_
9. Do you have a seizure disorder?  
YES \_\_\_\_\_ NO \_\_\_\_\_
10. Do you have other physical conditions which cause pain? \_\_\_\_\_  
\_\_\_\_\_

**NOTE: You MUST get clearance from your physician if you have any of the above conditions**  
**It is wise to seek your physician's advice before beginning any health/fitness/nutrition program!**

<b>Check the Following Checkboxes</b>	
	I agree to be coachable/ trainable during my 4 weeks of boot camp in order to achieve my health and fitness goals.
	I agree not to use foul language during Boot Camp. Any violation will result in <u>20 push-ups per occurrence</u> .
	I agree not eat or say the words <i>Twinkie, Donuts, Ho-Ho's, Ding Dong, or Cup Cake</i> during the course of Boot Camp. Any violation will result in <u>20 push-ups per occurrence</u> .
	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 Instructor. Any violation will result in <u>20 push-ups per occurrence</u> .
	I understand that photos or video <i>may be taken</i> during the course of my involvement in Boot Camp, which may be used for promotional purposes. I understand that my "before & after" photos will not be used for any promotional purposes unless I give written authorization.
	I will remember to set my alarm and be at camp ON TIME. Any violation will result in <u>20 push-ups per occurrence</u> .
	I understand that diet and nutrition will affect my fitness goals and performance during boot camp. I will document all food/ drink intake DAILY in my food diary. Any violation will result in <u>20 push-ups per occurrence</u> .
	I will bring a positive attitude, and expect to have fun!!

## Informed Consent, Waiver, and Release Agreement

- ❖ This release is entered into between the undersigned and Operation Meltdown Boot Camp, and its employees.
- ❖ The purpose of Operation Meltdown Boot Camp 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 Boot Camp Instructors 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 is another tool for teaching athletes/individuals about themselves, but Operation Meltdown Boot Camp does not guarantee good nor bad will occur, nor guarantees the training advice given by Fitness Instructors or Sponsors will produce good nor bad results.
  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 your training, or otherwise, that the undersigned should **contact a physician at once**.
  4. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and use of exercise and training equipment so that I might have his/her recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.
  5. Acknowledges that boot camps, aerobic classes, martial arts, kick boxing, running, weight training, obstacle courses, and any other related sports are an extreme test of one's mental and physical limits and carry with it potential for damage or loss of property, serious injury and death. That the undersigned assumes the risks of participating in these types of events/activities, that they are fit, and they have a regular medical physician they can contact regarding any medical problems that they might develop. **The undersigned expressly waive, release, discharge and agree not to sue from any liability of death, disability, personal injury, or action of any kind Operation Meltdown Boot Camp, Sponsors or its Instructors or the facilities in which I participate for the undersigned participating in said sporting events and/or training for said sporting events.**
  6. Acknowledges that the most recent document submitted applies to any and all future boot camps.

The Undersigned agrees that this is the full agreement between the parties, and that Operation Meltdown Boot Camp, nor anyone else, has verbally contradicted any of the terms of this release and that the undersigned has entered into this agreement free and voluntarily without force or coercion.

**I agree to all Terms and Conditions listed above**

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Signature

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Printed Name

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Date

# OPERATION MELTDOWN BOOT CAMP

## Requirements

**Location:** McCurry Park, Georgia 54 and McDonough Road, Fayetteville Pavilion #2

**Days/Time:** Monday – Thursday 6:00 PM – 7:00 PM

**Instructor:** Thea Pascal (Certified Personal Fitness Trainer)

**Phone:** 404-909-0598

**Email:** Thea.ombc@att.net

**Website:** [www.operationmeltdownbc.com](http://www.operationmeltdownbc.com)

**Pre-Assessment (1<sup>st</sup> day of each new session, NOT Saturday):**

- **Physical Training Test (PT Test):** Intro/ Outro on final day
  - ✓ 1.08mi Run
  - ✓ Push-Ups (1-min)
  - ✓ Sit-Ups (1-min)
  - ✓ Weigh-In
  - ✓ Measurements

### **Bring to Class:**

- ✓ Running Shoes
- ✓ Exercise Mat
- ✓ Hand Weights (5 – 10 lbs)
- ✓ Jump Rope
- ✓ Towel
- ✓ Water

