

# 3B FITNESS

## BOOT CAMP REGISTRATION

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

What kind of exercise program are you currently involved in (if any)?

Please check if you have any of the follow:

High Blood Pressure	_____
Family History of Heart Attack, High Blood Pressure, Diabetes or stroke	_____
Back Pain	_____
Shoulder Pain	_____
Hip/Pelvis Pain	_____
Neck Pain	_____
Knee Pain	_____
Foot/Ankle Pain	_____
Previous Injuries/Surgeries	_____
Respiratory problems	_____

Are there any other factors that may affect your ability to engage in an exercise program?  
If "yes", please describe.