

### **Fight the Pounds Registration Form**

(Please answer questions honestly and accurately to assure safety/correct assessment)

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

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

Age: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

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

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

**(Circle/answer what best describes you)**

1. How many times have I worked out in the past month? 0-4 5-8 9-12 13-more
2. How many times have I done cardio in the past month? 0-4 5-8 9-12 13-more
3. How often do I smoke in a day? None 1-2/day 3-6/day 7-more
4. How many alcoholic drinks do I consume a month? None 1-10 11-20 21-more
5. How often do I eat out in a week? \_\_\_\_\_
6. What do I plan to take from this Boot Camp experience?
7. I have the following injuries?
8. Am I on any types of medicine?
9. On a scale from 1 – 10, how serious am I about becoming healthier?

**I, \_\_\_\_\_, am ready to participate in DAT BOY Training First Annual “Fight the Pounds Boot Camp.” I fully understand that DAT BOY Training is not responsible for any injuries or accidents that may occur before, during, or after the scheduled workout time. I also understand that I am participating under my own free will and will contribute to the best of my ability.**

**Signature: \_\_\_\_\_**