

**Select Bootcamp:**

- Mornings M/W/F 5-6:30AM Date: \_\_\_/\_\_\_/\_\_\_
- Mornings M/W/F 7-8AM Date: \_\_\_/\_\_\_/\_\_\_
- Evenings T/TH 6-7:30PM Date: \_\_\_/\_\_\_/\_\_\_

Please mail completed forms  
with payment to:

Richard Menconi  
10 Old Meadow Lane  
Canton, MA 02021



# ENROLLMENT & WAIVER

## Contact Information

Name \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Referred by: \_\_\_\_\_

## Physical Activity Readiness Questionnaire (PAR-Q) and You

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active. If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor. Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly:

**YES NO**

- |                          |                          |    |   |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Do you feel pain in your chest when you do physical activity?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | In the past month, have you had chest pain when you were not doing physical activity?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | Do you lose your balance because of dizziness or do you ever lose consciousness?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. | Do you have a bone or joint problem that could be made worse by a change in your physical activity?                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. | Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?                       |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. | Do you know of <u>any other reason</u> why you should not do physical activity?   |

If you answered yes to any of the above questions, talk with your doctor BEFORE joining any of the Bootcamp Programs.

By signing below, you have either honestly answered "no" to all questions above or have medical clearance to participate in this program.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Informed Consent

**By signing this document**, I acknowledge that I have voluntarily chosen to participate in a program of progressive physical exercise which can enhance the musculoskeletal and cardio respiratory systems. **By signing this document**, I acknowledge being informed of the possible 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, and death. **By signing this document**, I assume all risk for my health and well-being and hold harmless any responsibility of the instructor, facility, or any persons involved with this program and testing procedures. I understand that questions regarding exercise procedure and recommendations are strongly encouraged and welcomed.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please initial each statement below.


I do agree that this program is **NON-REFUNDABLE** and **NON-TRANSFERABLE** for any reason.

I do agree that if I miss any number of sessions, that I will not receive a pro-rated refund.

I do agree that I cannot participate in this program until it is paid for in full.

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## Payment Information

**Cash Included with Registration Form** \$\_\_\_\_\_ (Please do not mail cash)

**Check Included with Registration Form** \$\_\_\_\_\_ Check #\_\_\_\_\_

(Make checks payable to: **Richard Menconi**)

**Credit Card Authorization**     Card # \_\_\_\_\_ Exp \_\_\_\_\_

I, \_\_\_\_\_, authorize Richard Menconi to take payment by the method indicated above in the amount of \$\_\_\_\_\_.

Account Holder's Signature \_\_\_\_\_ Date \_\_\_\_\_

**If you do not want to mail your registration form you can fill it out and bring it, with your payment, to the first session of Bootcamp.**

**If you are bringing your form with you, please call Rich (617-750-0650) so you can be put on the list.**

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**For Staff Use Only Below Line**