



# FITNESS BOOT CAMPS 2016

Office: 763 237 3245

Email: [info@totalwellnesscoachingmn.com](mailto:info@totalwellnesscoachingmn.com)

Registration Details at [www.totalwellnesscoachingmn.com](http://www.totalwellnesscoachingmn.com)

## **New Year! New You! Jan 11 – Feb 19, 2016\*\***

5:30 – 6:30am	M, W, F	(Team Leader: Julie)
4:00 - 5:00pm	Tue & Thu	(Team Leader: Sheila)
6:30 – 7:30pm	Tue & Thu	(Team Leader: Tina)
7:30 – 8:30pm	Mon & Wed	(Team Leader: Tiffany)

## **Beat the Winter Blues! Feb 29 – Apr 8, 2016\*\***

5:30 – 6:30am	M, W, F	(Team Leader: Julie)
4:00 – 5:00pm	Tue & Thu	(Team Leader: Sheila)
6:30 – 7:30pm	Tue & Thu	(Team Leader: Tina)
7:30 – 8:30pm	Mon & Wed	(Team Leader: Tiffany)

## **Spring into Fitness! Apr 18 – May 27, 2016\*\***

5:30 – 6:30am	M, W, F	(Team Leader: Julie)
4:00 – 5:00pm	Tue & Thu	(Team Leader: Sheila)
6:30 – 7:30pm	Tue & Thu	(Team Leader: Tina)
7:30 – 8:30pm	Mon & Wed	(Team Leader: Tiffany)

## **Beach Body Blast! Jun 6 – Jul 15, 2016\*\***

5:30 – 6:30am	M, W, F	(Team Leader: Julie)
4:00 – 5:00pm	Tue & Thu	(Team Leader: Sheila)
6:30 – 7:30pm	Tue & Thu	(Team Leader: Tina)
7:30 – 8:30pm	Mon & Wed	(Team Leader: Tiffany)

**No Class Monday, July 4th**

## **Summer Fitness Fun! Jul 25 – Sep 2, 2016\*\***

5:30 – 6:30am	M, W, F	(Team Leader: Julie)
4:00 – 5:00pm	Tue & Thu	(Team Leader: Sheila)
6:30 – 7:30pm	Tue & Thu	(Team Leader: Tina)
7:30 – 8:30pm	Mon & Wed	(Team Leader: Tiffany)

## **Fall into Fitness! Sept 12 – Oct 21, 2016\*\***

5:30 – 6:30am	M, W, F	(Team Leader: Julie)
4:00 – 5:00pm	Tue & Thu	(Team Leader: Sheila)
6:30 – 7:30pm	Tue & Thu	(Team Leader: Tina)
7:30 – 8:30pm	Mon & Wed	(Team Leader: Tiffany)

## **Holiday Hustle! Oct 31 – Dec 9, 2016\*\***

5:30 – 6:30am	M, W, F	(Team Leader: Julie)
4:00 – 5:00pm	Tue & Thu	(Team Leader: Sheila)
6:30 – 7:30pm	Tue & Thu	(Team Leader: Tina)
7:30 – 8:30pm	Mon & Wed	(Team Leader: Tiffany)

**No Class for Thanksgiving: Thu Nov 24**

ALL Classes located at Total Wellness Coaching Studios, 538 S Main Street, Suite #110, Cambridge, MN

### **Boot Camp Program Cost:**

**\$200 for 3 day/week option OR \$150 for 2 day/week option\*\*\***

**\$50 deposit required to guarantee your spot. Balance due first day of Boot Camp.**

**\*\*Dates subject to change only if minimum number of participants not obtained to run class.**

**\*\*\*Payment Plans Available.**



Please complete Registration form & return with deposit to:  
Total Wellness Coaching LLC, 538 S Main St, Suite #110, Cambridge, MN 55008

**SELECT BOOT CAMP :**

- New Year! New You!**     MWF 5:30am     Tue/Thu 4:00pm     Tue/Thu 6:30pm     Mon/Wed 7:30pm
- Beat the Winter Blues!**     MWF 5:30am     Tue/Thu 4:00pm     Tue/Thu 6:30pm     Mon/Wed 7:30pm
- Spring into Fitness!**     MWF 5:30am     Tue/Thu 4:00pm     Tue/Thu 6:30pm     Mon/Wed 7:30pm
- Beach Body Blast!**     MWF 5:30am     Tue/Thu 4:00pm     Tue/Thu 6:30pm     Mon/Wed 7:30pm
- Summer Fitness Fun!**     MWF 5:30am     Tue/Thu 4:00pm     Tue/Thu 6:30pm     Mon/Wed 7:30pm
- Fall into Fitness!**     MWF 5:30am     Tue/Thu 4:00pm     Tue/Thu 6:30pm     Mon/Wed 7:30pm
- Holiday Hustle!**     MWF 5:30am     Tue/Thu 4:00pm     Tue/Thu 6:30pm     Mon/Wed 7:30pm

**Client Information** - to be held in confidentiality **MEMBER**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

Phone (h) \_\_\_\_\_ (wk) \_\_\_\_\_ (cell) \_\_\_\_\_

Your occupation: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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

**Lifestyle, Activity, & Nutrition Factors**

Are you pregnant?    YES    NO                      Are you breastfeeding?    YES    NO  
Do you smoke?        YES    NO

Are you currently exercising?    YES    NO    If so, how often are you exercising each week? \_\_\_\_\_  
What activities are you doing (i.e. Cardio? Strength? Stretch?) \_\_\_\_\_

**Do you have pain in or have you injured any of the following areas:**

- Neck                       Upper Back                       Lower Back                       Shoulder R/L
- Elbow R/L     Wrist R/L                       Hip R/L                       Knee R/L                       Ankle R/L

Describe any injury, including date it happened, current status, and treatments: \_\_\_\_\_

Does any position, exercise, or activity cause you pain or anxiety?    YES    NO  
If yes, please describe \_\_\_\_\_

What medications are you currently taking? \_\_\_\_\_

What do you like best about the Boot Camp experience? Any suggestions for improvement? \_\_\_\_\_

**How did you hear about the Boot Camp?**

- Referral - Name of person who referred you: \_\_\_\_\_
- WillowBridge Center                       Newspaper                       Website
- Other: \_\_\_\_\_

**Signature**

I agree that all the above information is correct and current to the best of my knowledge. I agree that withholding valuable, pertinent health information from Total Wellness Coaching LLC will adversely affect my results. I agree that I am able to participate and have obtained my physician's permission to participate in the Boot Camp. I am over 18 years of age.

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

## Personal Health History

Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor? YES NO

Do you feel pain in your chest when you perform physical activities? YES NO

In the past month, have you had chest pain when you were not performing any physical activity? YES NO

Do you lose your balance because of dizziness or do you ever lose consciousness? YES NO

Do you have a bone or joint problem that could be made worse by a change in your physical activity? YES NO

Is your doctor currently prescribing any medication for your blood pressure or for a heart condition? YES NO

Do you know of any other reason why you should not engage in physical activity? YES NO

***If you have answered "YES" to one or more of the above questions, you MUST have your doctor sign the attached Medical Release before you can be involved in the Fitness Boot Camp. If you have answered "NO" to all the questions, you do not need the Medical Release.***

### Have you been diagnosed with any of the following chronic diseases?

- Diabetes: \_\_\_\_\_
- Asthma or Respiratory Problems: \_\_\_\_\_
- Allergies: \_\_\_\_\_
- Coronary Heart Disease: \_\_\_\_\_
- High Blood Pressure: \_\_\_\_\_
- High Cholesterol: \_\_\_\_\_
- Surgery and/or major illness or hospitalization (list reason for surgery & date): \_\_\_\_\_
- Endocrine dysfunction (i.e. irritable bowel syndrome, constipation, etc) : \_\_\_\_\_
- Major muscle, joint (including arthritis), or back disorder: \_\_\_\_\_
- Any other illness or health problem not listed above (i.e. cancer, osteoporosis, hyperglycemia, fibromyalgia, etc): \_\_\_\_\_

### PAYMENT DETAILS:

- Check or Cash enclosed
- Credit Card on File, ending in \_\_\_\_ \_
- Direct Withdrawal on File
- New Payment Authorization form attached
- Payment Plan Option:  Payment in FULL  2-part Payment Plan  3-part Pymt Plan



# PERSONAL HEALTH RESPONSIBILITY STATEMENT

I, the undersigned who is about to participate in the 6-week BOOT CAMP program conducted by a Total Wellness Coaching LLC Boot Camp Team Leader and I hereby completely release Total Wellness Coaching LLC, Landlord of 538 S Main, Julie A. Page (owner), and the Boot Camp Team Leader from any and all responsibility or liability, for any injury which might arise in connection with the BOOT CAMP program and any related activities.

I understand that the Boot Camp Team Leaders are NOT Medical Doctors (MD/DO) and therefore do not diagnose, prescribe, treat nor make claims to cure. Neither are they licensed therapists. Any consequences resulting from application of the educational information received will be my sole responsibility.

I understand that the information received is for my personal education and that I am participating in this educational exercise at my own initiative; in fact, I request that the Total Wellness Coaching Boot Camp Team Leaders supply me information of a health-related nature. This information is for educational purposes only, intended neither as a substitute for nor as a prescription for medical treatment.

I agree to assume responsibility for all risk of injury or damage to myself, however caused, in connection with my participation in the BOOT CAMP program. All information shall be held in strictest confidence by Total Wellness Coaching LLC & its Boot Camp Team Leaders.

I am over 18 years of age, and having read the above, voluntarily agree to the terms contained herein.

I am responsible for my own health and health-care choices.

Signature of Client

Date

Printed name of Client: \_\_\_\_\_

**Details:**

Before & After Fitness and Body Assessments  
Resources, prizes, & Nutrition & Lifestyle Mini-Seminars  
DECREASE body fat, inches around abdominals, & weight  
Great for all levels of fitness – beginners to advanced

2 or 3 challenging & fun workouts weekly  
Individual Nutritional Analysis Weekly  
INCREASE your overall strength & endurance  
and Lots of Support & Motivation to keep you on track!

**Bring water bottle, supportive shoes, exercise mat, & a good attitude! Be ready to have fun, be challenged, & see results!**

**\*Workouts include cardiovascular training, strength & resistance training, stretching & flexibility, followed by nutrition/lifestyle principle – all to help you achieve your goals. We will be outside at times, weather permitting.**



## MEDICAL RELEASE FORM

(Only needed if you answered "YES" to one of the 7 questions on page 2)

Your patient \_\_\_\_\_ wishes to participate in a 4-week BOOT CAMP, which is an intense and comprehensive nutrition, fitness, and lifestyle coaching program. Combined with science-based, natural nutrition, he/she will/may be doing activities of resistance training, flexibility training including self-myofascial release on a foam roller, core training, balance training, and cardiorespiratory training for up to 5 times per week for 60 minutes.

If your patient is taking medications that will affect his/her heart rate response to exercise, please indicate the manner of the effect (raises, lowers or had no effect on heart-rate response):

Type of medication(s): \_\_\_\_\_  
Effect(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please identify any recommendations or restrictions that are appropriate for your patient in this Boot Camp as to activity levels:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Blood Pressure Reading \_\_\_\_\_

Thank You.

Sincerely,

Julie A. Page,  
Total Wellness Coaching LLC  
763 237 3245

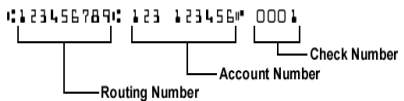
\_\_\_\_\_ has my approval to participate in the 6-week BOOT CAMP program with the recommendations or restrictions stated above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Printed name of physician: \_\_\_\_\_

# CREDIT CARD AUTHORIZATION FORM

**Fitness Center Name:** Total Wellness Coaching LLC

<b>OFFICE USE ONLY</b>	Member ID #:	Member Name:	
	Date of first payment:	Date of last payment: (leave blank if not applicable)	
	Preferred payment date: <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> ____		Amount of monthly payment: \$_____
Last Name		First Name	
Address			
City		State	Zip
Email			
<b>CHECKING / SAVINGS</b>	Please debit payment from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)		Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account Number: _____ 
	I authorize the above company to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.		
Authorized Signature: _____ Date: _____			
<b>CREDIT CARD</b>	Please charge my payment to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Card		
	Credit Card Number:		Expiration Date:
	Name on Card:		
	Billing Address (if different from above):		
	I authorize the above company to charge my credit card in accordance with the information above.		
Signature (as it appears on the credit card): _____ Date: _____			

***If using a checking account, please attach a voided check over the credit card section above.***