

Private and Confidential

Trojan Training Boot Camp Registration Form

Congratulations on advancing to this stage of the booking process. You're nearly at the point of no return, you have ran out of rubbish excuses for why you shouldn't do this so now do it. Please complete attached Par-Q and return with this entry form. Please send cheque payable for £80 to Trojan Training along with completed and signed entry form to: 7 the wickets, Courthouse rd, Maidenhead, Berks, SL6 6TS

Title

First Name

Surname

Address

Email

Mobile Telephone

Date of Birth

Entrants to the Trojan Boot Camp must be over the age of 17 on the day.

**Emergency
Contact
Name**

**Emergency
Contact
Telephone**

You will be given a Trojan Training T-shirt. Please indicate your T-Shirt size.

S

M

L

XL

Your experience will be very rewarding however cannot be undertaken lightly. You need to have participated in some form of basic exercise in the last 3 months without injury or problem. If in doubt consult your doctor. Do not attend if you are feeling unwell.

I agree to abide by the rules of Trojan Boot Camp and enter into it in the spirit intended. I promise to bring my sense of humour and leave my bad attitude at home. I understand that I enter Trojan Boot Camp at my own risk and that no person(s) or organisation(s) will be held responsible for any accident, injury or loss to myself, prior to, during or after the event. I understand the organisers reserve the right to delay, postpone, cancel, in the event of adverse weather conditions or other events outside the organisers' control. Entry fees are non-refundable, non-transferable and non-deferrable even in the case of event cancellation. Photographs/video clips of the event will be taken for publicity purposes. I understand that my image may be used and give my permission for the organisers to do so wherever they see fit for future publicity.

Data Protection Notice:
The details you provide on this form will be held by Trojan Training solely to enable it to co-ordinate and run the Boot Camp event. Trojan Training would like to contact you from time to time to tell you about events or to provide you with marketing information and legal materials that we think may be of interest to you. If you do not want to receive this information please tick the box.

NAME

SIGNATURE

DATE

Private and Confidential

Trojan Training Physical Activity Readiness Questionnaire

The following relates to your health and fitness. Please be honest and accurate when answering these questions as they will be used to evaluate your readiness to take part in physical activity. If you are uncertain whether you should perform this activity or not, please seek advice from your GP.

Has your doctor ever said you have a heart condition? **Yes/No ***

Do you feel pain in your chest when you do physical activity? **Yes/No ***

Do you frequently have pains in your heart and chest when not doing 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/joint problem that could be made worse by a change in your physical activity? **Yes/No ***

Is your doctor currently prescribing drugs for blood pressure, heart condition or other condition? **Yes/No ***

Do you know of any other reason why you should not do physical activity? **Yes/No ***

***If you answered YES to any of the above questions please describe below.**

If you have any of the following please provide details, under the statement:

Major surgery you have had in the last 10 years **Yes/No**

Minor surgery you have had in the last 2 years **Yes/No**

Serious medical conditions (e.g. epilepsy, diabetes) **Yes/No**

Minor medical conditions (e.g. asthma, hay fever) **Yes/No**

Orthopaedic conditions or injuries you may have (e.g. osteoporosis, arthritis) **Yes/No**

Medication/dietary supplements you are taking **Yes/No**

Any allergies e.g. drugs, penicillin **Yes/No**

High or low blood pressure **Yes/No**

High cholesterol **Yes/No**

I have read and understood the above and declare that I am not suffering from any ill health, injury or other ailment which would prevent me from performing this activity. I confirm I have sought advice where necessary.

| | | | |
|---------------------------|-------|-------------------------|-------|
| CLIENT NAME | _____ | CLIENT SIGNATURE | _____ |
| TRAINERS SIGNATURE | _____ | DATE | _____ |