



CAMP REGISTRATION

Camp Location: _____ Days/Times: _____
 (mission assignment will be received upon completion of registration)

CAMP TIMES: (subject to change without notice)

- Women Only Boot Camp @ in **McAllen**
- Co-ed Boot Camp @ in **McAllen or Mission**
- Operation Fit Mom Camps @ 8:00am in **North McAllen**
- Fit Kids Camp T-R 4:00pm Sat. 9:00am in **McAllen**
- Explosive Challenge Monday – Friday (4 weeks)
- 50-Plus Camps M-W-F @ 2pm in **McAllen** (indoor boot camp)
- Performance Camps forming for anyone 12 yrs and up

Boot Camp Pricing		
Programs	1 st 4 wks	Returning Recruits
EXPLOSIVE BOOT CAMP (Co-ed)	\$225	\$175
<i>Women Only Boot Camp</i>	\$225	\$175
Fit Kids Camp	\$175	\$125
<i>Sport Performance Camps</i>	\$250	\$200
<i>50 - Plus Fitness Camps</i>	\$225	\$175
EXPLOSIVE CHALLENGE	\$295	\$249
12 week transformation 3 days/Week	\$550	N/A
12 week transformation 5 days/Week	\$765	N/A

First Name: _____ Last Name: _____

Date of Birth: ___/___/___ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (home): (____) ____-____ Work: (____) ____-____

Mobile: (____) ____-____ E-mail: _____@_____

Occupation: _____ Activity level: _____ (high, moderate, low)

PLEASE ANSWER THE FOLLOWING QUESTIONS AND SIGN BELOW:

1. Has your doctor ever said you have heart trouble? _____
2. Have you ever had pains in your chest? _____
3. Do you often feel faint or have spells of dizziness? _____
4. Has a doctor said your blood pressure is too high? _____
5. Has a doctor said that you might have bone or joint problems, such as arthritis, that has been aggravated by exercise/ worse with exercise? _____
6. Have you been hospitalized in the past 3 years? _____
7. Are you currently taking medication? _____
8. Are you Pre/Post natal? _____
9. Do you suffer from asthma or breathing difficulties? _____
10. Do you suffer from diabetes or epilepsy? _____
11. Do you suffer from an allergy? _____
12. If 'Yes' what medication do you take? _____
13. Is there any physical/medical reason not mentioned here why you should not follow an exercise program? _____

If you answered 'Yes' to one or more of these questions, please consult you physician before starting any exercise program.

How would you describe your current level of fitness? Very fit Fit Average Unfit None at all
 Where did you here about us? _____

Date: _____ **Signature:** _____