



# JOHN P. THAYER YMCA BOOTCAMP REGISTRATION

\*\*\*ALL INFORMATION IS REQUIRED\*\*\*

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

T-SHIRT SIZE      Men's:      S   M   L   XL   XXL

                         Women's:      S   M   L   XL   XXL

EMERGENCY CONTACT NAME \_\_\_\_\_

EMERGENCY CONTACT PHONE NUMBER \_\_\_\_\_

The YMCA Beginner Boot Camp and YMCA Advanced Boot Camp programs are five week courses with sessions taking place on Monday, Wednesday, and Friday mornings from 6:00am-7:00am. Participants will meet in the lobby of the John P. Thayer YMCA at least five minutes prior to the start of each session. Participants are encouraged to bring their own towel and water bottle to each session. The price is \$65 for YMCA members and \$80 for Non-YMCA members.

The YMCA Boot Camp program is a nine week course with sessions taking place on Monday, Wednesday, and Friday mornings from 6:00am-7:00am. Participants will meet in the lobby of John P. Thayer YMCA at least five minutes prior to the start of each session. Participants should be prepared to exercise indoors or outdoors and are encouraged to dress accordingly depending on the weather. Participants are required to bring their own towel and water bottle. The price is \$90 for YMCA members and \$110 for Non-YMCA members.

Pre- and post-fitness assessments are offered and encouraged for all participants. ALL participants must have a pre-assessment on file for each calendar year. You will not be allowed to participate in the sessions until an assessment is completed with a YMCA staff member. They are scheduled at a time outside of the regularly scheduled sessions. To set up your fitness assessment, please contact Jillian at [jmclachlan@ymcacolumbusga.com](mailto:jmclachlan@ymcacolumbusga.com) or at 706-322-8269 ext. 164.

\*\*ALL BOOTCAMP FEES ARE NON-REFUNDABLE

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**TO BE COMPLETED BY YMCA STAFF:**

AMOUNT PAID \$ \_\_\_\_\_ RECEIVED BY \_\_\_\_\_



## YMCA Health Status Questionnaire

This questionnaire identifies adults for whom physical activity might be inappropriate or adults who should seek physician consultation before beginning a regular exercise program.

### Section 1

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Physician's Name: \_\_\_\_\_

### Section 2

Please check the following conditions you have experienced.

#### Heart History

- |  |   |
|--|---|
| <input type="checkbox"/> Heart Attack                | <input type="checkbox"/> Cardiac Rhythm Disturbance |
| <input type="checkbox"/> Heart Surgery               | <input type="checkbox"/> Heart Valve Disease        |
| <input type="checkbox"/> Cardiac Catheterization     | <input type="checkbox"/> Heart Failure              |
| <input type="checkbox"/> Coronary Angioplasty (PTCA) | <input type="checkbox"/> Heart Transplantation      |
| <input type="checkbox"/> Cardiac Pacemaker           | <input type="checkbox"/> Congenital Heart Disease   |

#### Symptoms

- You experience chest discomfort with exertion.
- You experience unreasonable shortness of breath at any time.
- You experience dizziness, fainting, or blackouts.
- You take heart medications.

#### Additional Health Issues:

- You have diabetes (type 1 or type 2)
- You have asthma or other lung disease (e.g., emphysema)
- You have burning or cramping sensations in your lower legs with minimal physical activity.
- You have joint problems (e.g. arthritis) that limit your physical activity.
- You have concerns about the safety of exercise.
- You take prescription medications.
- You are pregnant.

### Section 3

#### Risk Factors of Coronary Heart Disease

- You are a man older than 45 years.
- You are a woman older than 55 years, have had a hysterectomy, or are postmenopausal.
- You smoke or you quit smoking within the previous 6 months.
- Your blood pressure is >140/90 mmHg.
- Your blood cholesterol is >200mg/dl
- You have a close male blood relative (father or brother) who had a heart attack or heart surgery before the age of 55 or a close female blood relative (mother or sister) who had a heart attack or heart surgery before the age of 65.
- You are physically inactive (you get <30 min. of physical activity at least 3 days/wk).
- Your waist circumference is >40 inches (men) or >35 inches (women).

**Section 4**

Are you currently taking any medication?  Yes  No

If yes, please list all of your prescribed medications and how often you take them, whether daily (D) or as needed (PRN).

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Of the medications you listed, are there any you do not take as prescribed?

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**Section 5**

List the type, frequency, intensity (e.g. low, moderate, strenuous), and duration of your weekly exercise.

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List your specific goals for your exercise program.

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If you have answered yes to questions indicating that you have significant cardiac, pulmonary, metabolic, or orthopedic problems that may be exacerbated with exercise, you must submit a Physician's Clearance Form before the YMCA can allow you can participate in the boot camp program.

**Informed Consent**

I understand that I am responsible for monitoring my own condition throughout the boot camp program and any fitness testing, and should any unusually symptoms occur, I will cease my participation immediately and inform the instructor of the symptoms.

In signing this consent form, I affirm that I have read this form and completed it in its entirety, and confirm that my questions regarding the health status questionnaire have been answered to my satisfaction.

In the event that a medical clearance must be obtained prior to my participation in the boot camp program, I agree to consult my physical and obtain written permission from my physician prior to the commencement of any activity.

Also, in consideration for being allowed to participate in the boot camp program, I agree to assume the risk of such activity, and further agree to hold harmless the YMCA and its staff members from any and all claims that may result from my injury or death, accidental or otherwise, during, or arising in any away from the program.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of YMCA Trainer

\_\_\_\_\_  
Date