



# Debi's Personal Training

Fitness and Fun in one

## DEBI'S PERSONAL TRAINING HEALTH AND WELLNESS CENTER

### You now have two options:

1. You can print this form and send it in by fax or mail, or
2. Pay securely online using PayPal.

To register for a program:

1. Print your information clearly or type
2. **Call first to Fax (440) 355-6100** or mail to:

Debi's PT Backyard Boot Camp  
19361 Whitehead Rd. LaGrange, OH 44050

If you are paying by check, please make payable to Debi's Personal Training.

3. You will be notified to schedule your pre-evaluation.

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Profession: \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_

Emergency Contact and phone  
number \_\_\_\_\_

I'm signing up for the program beginning  
on this date \_\_\_/\_\_\_/\_\_\_.

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Fax Number (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_@\_\_\_\_\_

I rate my current fitness level as a \_\_\_\_\_ (1-10), ten being high.

I was referred by \_\_\_\_\_.

My main goal is to \_\_\_\_\_

I will be paying by: (circle one) Check Pay Pal

**Credit cards will be charged Program Fee + tax**

**Option #1 - 6-Week Shape-Up Program \$269 \_\_\_\_\_**

**Option #2 - Lunch Crunch (& Munch) Program \$99 \_\_\_\_\_**

**Option #3 - Semi-Private Personal Training 2x/week for 4 weeks \$199 \_\_\_\_\_**

**Option #4 - Semi-Private Personal Training 3x/week for 4 weeks \$299 \_\_\_\_\_**

**If paying by check, please make payable to Debi's Personal Training.  
Please add 6.75% sales tax to your check and mail to:**

19361 Whitehead Rd. LaGrange, OH 44050

Confirmations and detailed instructions will be mailed prior to the start of Camp. Waiver must be signed prior to participation.

#### MEDICAL HISTORY

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1. Are you allergic to any medication (aspirin, penicillin, sulfa, etc.)?
  2. Do you take any prescribed medication on a permanent or semi-permanent basis?
  3. Do you have a seizure disorder (epilepsy)? Yes No
  4. Do you have diabetes Adult or Juvenile? Yes No
  5. Have you ever been found to be anemic (low blood count)? Yes No
  6. Do you have High Blood Pressure (hypertension)? Yes No
  7. Do you have or have you ever had the following diseases?  
  
Heart Disease: Yes No  
Lung Disease: Yes No  
Kidney Disease: Yes No  
Liver Disease: Yes No
  8. Do you have asthma? Yes No
  9. Have you ever had a severe neck injury? Describe:
  10. Have you ever been knocked out? Describe:

11. Do you wear glasses or contact lenses? Yes No
12. Have you had a broken bone or fracture in the past 2 years? Describe:
13. Have you ever injured your back? Describe:
14. Do you have back pain?  
Never / Seldom / Occasionally / Frequently with vigorous exercise or heavy lifting
15. Have you had knee pain in the past 2 years that has disabled you for longer than a week? Describe:
16. Do you have other physical conditions which cause pain? Describe:
17. Detail any surgical procedures:
18. What are your goals for the next three months?
19. Have you had your body fat tested? If yes, what percent is it?
20. Are you training for a specific event? If yes, explain:

**NOTICE: It is wise to seek your doctors advice before beginning any health/fitness/nutrition program!**

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#### RELEASE

This release is entered into between the undersigned and Debi's Personal Training, Debi Balmert, Backyard Boot Camp, its officers, affiliates, and executors in addition to the City of Grafton, Twp of Lagrange, Lorain County Metro Parks, Cleveland Metro Parks, Westlake Parks and Recreation, City of North Ridgeville, Willow Park, City of Avon Lake, or any other location owners that are used for this program. The purpose of Debi's Personal Training and Debi Balmert Backyard Boot Camp and the instructors is to provide fitness instruction and coaching for various levels of athletes/individuals.

The undersigned hereby acknowledge that the following was explained to me and/or agree to the following:

1. Acknowledges that Debi Balmert, or any instructors are not a physician and are not trained in any way to provide medical diagnosis, medical treatment, or any other type of medical advice.
2. Acknowledges that coaching/training is another tool for teaching athletes/individuals about themselves, but Debi's Personal Training, Debi Balmert, Backyard Boot Camp, any instructors, does not guarantee neither good nor bad will occur nor guarantees the training advice given by Debi's Personal Training, Debi Balmert, Backyard Boot Camp, any instructors will produce good nor bad results.
3. Acknowledges that the undersigned has been told if they feel tired, feel pain or feel out of the ordinary in any way either related to your training, or otherwise, that the undersigned should contact a physician at once.
4. Acknowledges that boot camps, aerobic classes, martial arts, kick boxing, running, kung-fu, weight training, obstacle courses, and any other related sports are an extreme test of one's mental and physical limits and carry with it potential for damage or loss of property, serious injury and death. That the undersigned assumes the risks of participating in these

types of events/activities, that they are fit, and they have a regular medical physician they can contact regarding any medical problems that they might develop.

5. The undersigned expressly waive, release, discharge and agree not to sue from any liability of death, disability, personal injury, or action of any kind Debi's Personal Training, Debi Balmert Backyard Boot Camp, or instructors for the undersigned participating in said sporting events and/or training for said sporting events.

The Undersigned agrees that this is the full agreement between the parties, that Debi Balmert, nor anyone else has not verbally contradicted any of the terms of this release and that the undersigned has entered into this agreement free and voluntarily without force or coercion.

Initial the following:

\_\_\_ I agree to show up for my program every day unless it is an excused absence from my doctor or pre-approved with coaches or directors. I understand that I will get the best results by attending the prescribed sessions per week. Unexcused absences will be made up at the discretion of Debi Balmert.

\_\_\_ I understand that photos or video *may be taken* during the course of my involvement in the programs, which may be used for promotional purposes. I understand that my "before & after" photos will not be used for any promotional purposes unless I give written authorization.

\_\_\_ I understand there is **no refund policy**, but I can receive a credit (for unused portion of a program) towards a future program if I'm not able to complete the one I originally joined. Camp fees **cannot** be used towards any other products or services provided by Debi's Personal Training, Debi Balmert, Backyard Boot Camp.

\_\_\_ I will remember to be at class ON TIME. It is important to participate in the "warm-up" exercises at the beginning of class to prevent injury.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date