

BANGIN' BODY TRAINING BOOT CAMP

Please Print Clearly (black or blue ink) OR Type		
First Name	Last Name	
Mailing Address		
City	State	Zip
Email Address	Phone #	
Emergency Contact Name	Phone #	
T-Shirt \$7.00		
Size S M L XL 2XL		
Health/Physical ailments that will prevent you from performing any boot camp exercises		

Signature: _____

Disclaimer: I understand that before beginning a fitness regimen I am responsible for contacting my physician. I realize that I am solely responsible for any kind of injury or health problems that might occur because of exercise during my participation in the Bangin' Body Boot Camp. The trainers are providing me a service at my own will and are not responsible or held liable for any injuries, either medical or physical, that may occur. Finally, I understand that I will not receive a refund once I commit to the 8-week boot camp session.

For office use only: Authorization Code/Transaction # _____

_____ Paid

_____ Cash

_____ Check

_____ MC _____ Visa # _____ exp. ____/____ zip code _____

Referral Discount \$10

Name of Referral 1 _____

Name of Referral 2 _____