



REGISTRATION FORM – Foothills CrossFit

10600 W. 50th Ave. #14
Wheat Ridge, Co

1. Print your information clearly or type

2. Mail to: **Foothills CrossFit**
Attn: Robyn Morrisette
11635 W. 72nd Place
Arvada, CO 80005

(Please make checks payable to: Foothills CrossFit)

3. You will be notified to schedule your pre-evaluation (if needed for your program).

Name: _____
Street: _____ City: _____
State: _____ Zip: _____
Profession: _____
Date of Birth ___/___/___ 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 _____
Emergency Contact and phone number _____

Investment: _____ \$150 – Unlimited WOD’s per month
_____ \$250 – The Basics CrossFit Class including unlimited WOD’s per month
_____ \$220 – Unlimited WOD’s per month- Couples

Please make checks payable to Foothills CrossFit.
To make payment via Credit Card, please use On-line Registration

Thank You!

MEDICAL HISTORY

Waiver must be signed prior to participation.
(If you are a returning CrossFitter, only complete the sections that have changed.)

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**

List Medications:

5. Have you ever been found to be anemic (low blood count)? **Yes / No**
6. Do you have High Blood Pressure (hypertension)? **Yes / No**

List Medications:

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**

List Medications:

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 you 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? **Yes / No** – 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!

RELEASE

This release is entered into between the undersigned and Foothills CrossFit / Front Range Boot Camp, L.L.C. its officers, affiliates, trainers and executors in addition to the City of Arvada, Jefferson County Public Schools, Westwoods Park, and all other private and public locations for camps including Jefferson County. The purpose of Foothills CrossFit / Front Range Boot Camp, L.L.C. 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 Robyn Morrisette is not a physician and is 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 that Robyn Morrisette does not guarantee neither good nor bad will occur nor guarantees the training advice given by Front Range Boot Camp, L.L.C. 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. Videography and photography may be taken at various camp locations which may appear on TV, web video, print or any other digital format. When possible, the camp participants will be told in advance of the days in which any photography or videography will be done. "Before & after" photos will not be used for any promotional purposes unless written authorization is granted.
5. 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 including the inherent dangers of the natural elements, that they are fit, and they have a regular medical physician they can contact regarding any medical problems that they might develop. The undersigned expressly waive, release, discharge and agree not to sue from any liability of death, disability, personal injury, or action of any kind and Foothills CrossFit /

Front Range Boot Camp, L.L.C. 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 Robyn Morrisette, 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.

I understand there is no refund policy, but I can receive a credit (for unused portion of camp) towards a future camp 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 Foothills CrossFit / Front Range Boot Camp, L.L.C.

I will remember to set my alarm and be at class on time.

(By submitting this form, you are agreeing to all the above!)

Once we receive your Registration, you will be contacted for scheduling of your Evaluation. We look forward to seeing you at class!

Signature: _____

Printed Name: _____

Date: _____