

# K G FITNESS LLC

## BOOT CAMP Class

If you want to tone up, lose weight, stay in shape, or increase your energy level this is for you!

Invest in your health.

### Boot Camp Workout:

Circuit style workout consisting of strength, core, & cardio exercises

### Boot Camp SESSIONS:

Tuesday/Thursdays from 6:30pm – 7:30pm

Space is **limited** so reserve your spot today!!

Punch Cards are \$125 for 10 classes  
or \$14 per class

### Location:

Bendheim Western Greenwich Civic Center  
449 Pemberwick Rd. Greenwich, CT 06831  
(2nd Floor Aerobics/Fitness room)

### Kelly Garofalo

National Academy of Sports Medicine (NASM) Certified Personal Trainer  
Manager of K G Fitness LLC

**Phone:** (203)-253-6719

**Email:** [KGFitnessLLC@gmail.com](mailto:KGFitnessLLC@gmail.com)

**Twitter/Instagram:** @thefitskool

**Blog:** [www.thefitskool.com](http://www.thefitskool.com)

**BOOT CAMP REGISTRATION FORM**  
**K G Fitness LLC**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
HEIGHT: \_\_\_\_\_ in.      WEIGHT: \_\_\_\_\_ lbs.  
DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_      AGE: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
EMERGENCY CONTACT & PHONE #: \_\_\_\_\_  
\_\_\_\_\_

**I wish to register for:**

- 10 class punch card (valid for 60 days from date of purchase)
- Single Class (\$14 per class and pay as you go)

Please complete and return with your payment by the first of each month  
If paying by check, please make payable to **K G Fitness LLC**

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**Medical History:**

Have you ever had any pain or injuries (ankle, knee, hip, back, shoulder, etc.)? (If yes, please explain.)

\_\_\_\_\_

Have you ever had any surgeries? (If yes, please explain.)

\_\_\_\_\_

Has a medical doctor ever diagnosed you with a chronic disease, such as coronary heart disease, coronary artery disease, hypertension (high blood pressure), high cholesterol or diabetes? (If yes, please explain.)

\_\_\_\_\_

Are you currently taking any medication? (If yes, please list.)

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Release/Waiver:**

NOTICE: It is wise to seek your doctor's advice before beginning any Health/fitness/nutrition program!

I, \_\_\_\_\_  
desire to participate in the Boot Camp offered by Kelly Garofalo (National Academy of Sports Medicine Certified Personal Trainer). I am aware that participating in Boot Camp involves strenuous physical activity.

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

1. Acknowledges that Kelly Garofalo 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 training is another tool for teaching athletes/individuals about themselves, but that Boot Camp does not guarantee neither good nor bad will occur nor guarantees the training advice given by Boot Camp including Boot Camp 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, kick boxing, running, weight training, 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 elements of a natural environment, 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 Boot Camp for the undersigned participating in said sporting events and/or training for said sporting events.
5. Acknowledges that there are **no refunds** for missed classes.

By submitting this form I agree to all Terms and Conditions listed above:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_