

**Game Changer
Training Camp**

Camp Registration Form

TEL: 859.576.4389 Email: Evolvedpersonaltraining@gmail.com

WEB: EvolvedPersonalTraining.com CAMP ADDRESS: 751 Slone Dr. Suite 36, Georgetown KY 40324

PLEASE PRINT LEGIBLY AND COMPLETE ALL SECTIONS

I. Camper's information

Name (First & Last): _____

Email address: _____

**Please be sure that your email address is valid. You will receive all correspondence to this email. Add "evolvedpersonaltraining@gmail.com" to your address book to ensure delivery. Your email is confidential information.*

Is this your first Evolved Training Camp: _____

Street address: _____ City: _____ State: _____ Zip/postal code: _____

County: _____ County(if outside USA): _____ Phone number: _____

Date of birth: _____ Age at time of camp: _____ Year/Grade: _____

List all previous injuries or physical limitations: _____

T-shirt Sizes: youth small youth medium youth large
 adult small adult medium adult large adult extra large

II. Parent/ Guardian information

Name (First & Last): _____

Email address: _____

**Please be sure that your email address is valid. You will receive all correspondence to this email. Add "evolvedpersonaltraining@gmail.com" to your address book to ensure delivery. Your email is confidential information.*

Street address: _____ City: _____ State: _____ Zip/postal code: _____

County: _____ County(if outside USA): _____ Phone number: _____

Date of birth: _____

Relationship to Camper: Mother Father Guardian Other: _____

Custodial Parent? Yes No

Non-Custodial Parent: Should be contacted in case of emergency and has permission to pick up camper

III. EMERGENCY CONTACTS AND AUTHORIZED PICK UP PERSONS:

(In addition to parents/guardians) *Use this area to list the individual(s) we may contact in an emergency and/or you authorize to pick up your camper from camp during a training session in the event that you are unable to do so.

Name: _____ Relationship to Camper: _____ Phone: _____

IV. How did you hear about Game Changer Training Camp?

Please check one and use the line below to write the name/place if applicable.

Friend Coach Internet(where?) _____ School Brochure Other _____

V. MINOR (CHILD) PHOTO RELEASE FORM

I, _____ (parent or legal guardian), the parent or legal guardian of _____ [Child] grant Evolved Personal Training LLC my permission to use the photographs described as camp/ exercise photos and footage for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content. Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's or participant over 18 year Signature: _____

VI. Type of payment: Payment will be taken at 1st day of training camp(Check, Cash or Card)

VII. Participant and their Parent/Guardian understands that this contract is a fitness group training contract for a program consisting of strenuous physical activity including but not limited to, walking, running, weight training, strength training and aerobic activity. Client affirms that client does not suffer from any disability that would prevent or limit participation in this program. Client acknowledges and agrees that this Contract is not transferable or assignable. **Released of Liability:** Client, participant, for himself/herself, his/heirs, executors, administrators, relatives, and assigns, hereby releases Evolved Personal Training L.L.C., it's employees, contractors, subcontractors, shareholders, directors, and officers from any and all, claims, demands, controversies, damages, actions and causes of action on account of illness, sicknesses, soreness, medical conditions, personal injury, death, loss of services or consortium, property damage and any and all other loss and damage of every kind and nature which may occur while, during, or as a result of my activities or use of machinery and training equipment associated with the fitness training under this contract, regardless of fault.

By signing below, I hereby agree to accept and be bound by terms conditions of this contract.

VIII. SIGN HERE

Signature of athlete over 18, parent or legal guardian _____ Date: _____