

**Game Changer  
Training Camp**

**Camp Registration Form**

TEL: 859.576.4389 Email: [Evolvedpersonaltraining@gmail.com](mailto:Evolvedpersonaltraining@gmail.com)

WEB: [EvolvedPersonalTraining.com](http://EvolvedPersonalTraining.com) CAMP ADDRESS: 120 Betsy Way Georgetown, KY 40324

BUSINESS 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:

Cash

Check (Made payable to Evolved Personal Training LLC)

Credit Card:  Visa  MasterCard  American Express  Discover

Amount of payment: \$ \_\_\_\_\_

Card number: \_\_\_\_\_

Name as present on card: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Cvc code(on back of card): \_\_\_\_\_

I, \_\_\_\_\_ authorize Evolved Personal Training LLC. to charge the outstanding balance on my Game Changer Training Camp invoice to the credit card listed above on March 1, 2020. I authorize Evolved Personal Training LLC to charge full amount due upon receipt of this registration to the credit card listed below.

**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: \_\_\_\_\_