

# BODYCAMP-HOUSTON

## IMPORTANT INFORMATION REGARDING YOUR CLASS

- YOU NEED TO ARRIVE NO LATER THAN 5:50 am ON YOUR START DATE
- BRING A 32 OZ WATER BOTTLE FILLED WITH WATER
- A UNIFORM T-SHIRT WILL BE ISSUED TO YOU. YOU MUST WEAR THIS SHIRT EVERYDAY. IF YOU CHOOSE TO DO SO, YOU MAY PURCHASE AN EXTRA ONE TO CUT DOWN ON WASHING
- WEAR NAVY OR BLACK RUNNING PANTS OR SHORTS, IN BLACK OR BLUE COLLAR
- YOU MAY WEAR RUNNING SHOES, CROSS TRAINING OR WALKING SHOES
- YOU WILL NEED AN EXERCISE MAT. YOU MAY BRING YOUR OWN OR PURCHASE ONE FROM SEAL P.T.
- YOU MAY PURCHASE ADDITIONAL GEAR (SEE ATTACHED)

YOU WILL BE TAKING YOUR FITNESS TEST ON THE FIRST DAY (Jumping jacks, Sit-ups, and Push-ups). THIS IS NOT A PASS OR FAIL TEST, ONLY AN INDICATOR OF THE OVERALL FITNESS LEVEL OF THE CLASS

**MEETING PLACE: Memorial Park. Take 610 exit memorial, enter the park. Pass up the aboretum. Go underneath the railroad track bridge. The road will fork. Go off to the right (do not go through the main part of the park). Go up the little hill you will see a parking lot, go past it and park in the 2nd lot. This is right by the entrance to the bike trails and right in front of the rugby fields and a softball field. If you are over by the swimming pool or golf course, you are on the wrong side of the park. For safety reasons, Please wait to get out of your car until there is a reasonable amount of people. Do not arrive late, we will be making the most of every minute.**

Do not arrive late. Doing so will cause you and your teammates unwelcome surprises.

- Your safety is of utmost importance to us. Do not get out of your vehicle until a group of other new students arrive.
- Hydration is essential. Drink 8-12 glasses of water a day. This will cut down on the soreness & fatigue of you muscles, as well as, keep you from dehydrating.
- It is essential that you stretch throughout the day. Do not stretch cold muscles- warm them up with a walk or a hot bath first.
- Please come to the first day of class with your goals in mind.
- To obtain maximum results attend class everyday.

Remember this acronym to assist you in making it to graduation, **TEAM:**

**T**eamwork  
**E**ffort  
**A**ttitude  
**M**otivation

We aren't concerned with what you can't do – only with what you can!

PLEASE NOTE YOU MUST PAY IN FULL ASAP. CALL THE OFFICE @ 281-471-4977 FOR PAYMENT.

All sales are final. If you need to reschedule your course for any reason contact the office.

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## BODYCAMP GEAR ORDER FORM

As a registered participant for the next upcoming bootcamp you are entitled to purchase official gear. Items are embroidered with the SEAL Physical Training Logo, (with exceptions).

Extra workout T-shirt (screen printed logo) – qty/ size x \$22 \_\_\_\_\_

Shorts – qty/ size x \$20 \_\_\_\_\_

Exercise mat – qty x \$13.95 \_\_\_\_\_

Low Profile Ball Cap – qty, size x \$18 \_\_\_\_\_

Subtotal \$ \_\_\_\_\_

Please add 8.25% sales tax \_\_\_\_\_

Shipping \$ (if applicable) \_\_\_\_\_

Total \$ \_\_\_\_\_

Credit Card no. \_\_\_\_\_

Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Please provide credit card number or call 281-471-4977 to arrange for payment. Please fax orders to 1-866-773-5221.

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## NEW ENLISTER QUESTIONNAIRE

T-shirt size: \_\_\_\_\_

Name: \_\_\_\_\_

Age: D.O.B. \_\_\_\_\_

Occupation: \_\_\_\_\_

How did you find us? (list individuals name or newspaper, etc.) \_\_\_\_\_

Reason for taking the course: \_\_\_\_\_

What is your current fitness level: ( i.e. how many times per week do you workout and what type of workout):

Are you currently taking any medication?

(i.e., Blood Pressure, Heart Medication , Weight Loss, Thyroid, etc.?) \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what is it and for what reason? \_\_\_\_\_

Are you under a Dr.'s care? If so what for? \_\_\_\_\_

Date of last physical examination? \_\_\_\_\_

Status of exam? \_\_\_\_\_

What three things do you hope to accomplish throughout the course: (mental or physical)

1). \_\_\_\_\_

2). \_\_\_\_\_

3). \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## The Original SEAL P.T. Course Inc. RELEASE OF CLAIMS

I, \_\_\_\_\_, the undersigned,

who lives at: \_\_\_\_\_ County of \_\_\_\_\_

City of \_\_\_\_\_, State, Zip \_\_\_\_\_, on behalf of myself, my heirs, administrators, and assigns, in consideration of the physical fitness training regimen being given to me hereby fully release and forever discharge The Original SEAL P.T. Course, Inc. (hereinafter referred to as The Course), releasee, of Harris County, State of Texas, and releasee's agents, successors, heirs, executors, administrators, assigns and all others who may be liable from all claims, present and future, known or unknown, in any manner arising out of personal injuries obtained as a result, directly or indirectly, from my taking the physical fitness exercise regimen known as The Course. This release covers all damages whether or not contemplated at the present time and includes results undeveloped and unknown at the present time as well as those now known.

I represent to The Original SEAL P.T. Course, Inc. that I am in good physical condition and good health, have recently been seen by my physician, and am taking The Course knowingly at my own risk.

I have been informed that the instructors for The Course are not physicians and though several of them may have had some military emergency medical training, that they are not trained as EMT's.

I agree that no representations have been made regarding the success of The Course to me except those expressly stated in the Release of Liability.

I have read all of the terms of this instrument and understand that I am signing a complete release and bar to any claim resulting from any injuries suffered as a result of taking The Course.

Executed at \_\_\_\_\_, county of \_\_\_\_\_,

state of \_\_\_\_\_, on \_\_\_\_\_, 200\_\_\_\_\_.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

E-mail address \_\_\_\_\_

Home Phone:( \_\_\_\_\_ ) \_\_\_\_\_

Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_