



PLEASE READ CAREFULLY BEFORE COMPLETING THE FORM ON PAGE 2

The form is composed in **Adobe Acrobat PDF** format.

You will need [Adobe Acrobat Reader](#) or **Adobe Acrobat 8+** to read and fill out the form.

You can fill out this form in **Adobe Acrobat Reader** and save your completed copy to your hard drive.

There are a number of ways you can use this form to submit and enlist with **HARBOURSIDE HEALTH & FITNESS** for **BOOTCAMP SYDNEY**:

1. **Electronically fill out the form fields highlighted in colour** (required fields are bordered heavily). **Save to your hard drive. Open your email program and attach the completed form. Send to bootcamp@harboursidefitness.com.au with the **Subject** line reading [Bootcamp Enlistment Form attached.](#)**
2. **Electronically fill out the form fields highlighted in colour** (required fields are bordered heavily). **Save to your hard drive. Open the completed form. [Print](#). [Sign](#). Mail to: HARBOURSIDE HEALTH & FITNESS, 2/66 CLARK ROAD, NORTH SYDNEY 2060.**
3. [Print](#) the blank form. Complete with pen and **Mail to: HARBOURSIDE HEALTH & FITNESS, 2/66 CLARK ROAD, NORTH SYDNEY 2060.**

If electronically submitted by email you will be [required to sign](#) a printed copy of this form upon formal sign up.

[Frequently Asked Questions](#)



BOOTCAMP ENLISTMENT FORM

OFFICE USE ONLY

Input _____

BOOTCAMP

Notes _____

Name: _____ **D.O.B.** _____ **Gender** _____
First Name Surname

Address: _____
Street No. Street Name Suburb State Postcode

Contact: _____
Mobile Email

Misc: _____
Emergency Contact name & number

Have you been exercising recently?

If Yes:
What type of exercise? _____
How many times per week? _____
How long have you done this? _____
Have you been consistent?

If No
Have you done structured exercise in the past?
If Yes, what was it? _____
How long ago? _____ How often? _____
If you did, why did you stop? _____

Do you suffer from?

- | | | |
|--|--|---|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Pain or Tightness In Chest | <input type="checkbox"/> Infections or Diseases |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Palpitations | <input type="checkbox"/> Muscular Pain/ Cramps |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Any Major Injuries | <input type="checkbox"/> A Hernia |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Back Pain |
| <input type="checkbox"/> Family History of Heart Disease | <input type="checkbox"/> Liver/ Kidney Conditions | <input type="checkbox"/> Chronic Cough |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Regular Headaches | <input type="checkbox"/> High Cholesterol |
| <input type="checkbox"/> High/ Low Blood Pressure | <input type="checkbox"/> Have You Been Hospitalised Recently | |

Misc:
 Are You Pregnant? Are There Any Conditions That May Limit Your Activity?
 Are You A Male >35 yrs & unaccustomed to exercise? Are You A Female >45 yrs & unaccustomed to exercise?

How did you hear about Harbourside Fitness _____

I hereby represent to Harbourside Health & Fitness, its management, associated companies, trusts, partnerships and other legal entities, their directors, officers, employees, agents and affiliates that I am physically capable of and there is no medical reason to prevent me, from proceeding with any Harbourside Health & Fitness program without endangering my health. I acknowledge that whilst participating in the Harbourside Health & Fitness program, my person and my property are at my own risk. I acknowledge that I will not hold Harbourside Health & Fitness responsible for and Harbourside Health & Fitness hereby excludes, to the extent permitted by law, all liability for any personal injury or damage (whether direct, indirect, special or consequential) suffered by me while I am participating in the Harbourside Health & Fitness program, however that injury, damage or loss is caused, including if it is caused by the negligence of Harbourside Health & Fitness. I acknowledge that except as provided in this document Harbourside Health & Fitness offers no warrantee in respect to the services and equipment it provides. I hereby release and will indemnify Harbourside Health & Fitness for any injury or loss suffered by me whilst participating in the Harbourside Health & Fitness program. I also agree to be added to the Harbourside Mailing List, until I unsubscribe online.

Participant's Name Participant Signature Date

Received By Signature Date