



Body Buster Personal Training Registration Form

1750 The Queensway, Suite 1250
Toronto, Ontario, Canada, M9C 5H5
P: 416-619-4456 • 1-888-892-9596 • F: 416-628-8017
E-Mail: info@BodyBusterFitness.com
Website: www.BodyBusterPersonalTraining.com

New Member Enrollment Form

One time submission. Print, complete, and return via fax or mail (online form coming soon!).

Contact Details

First Name:	_____	Middle Name:	_____
Last Name:	_____	Birthdate:	____ / ____ / ____ <small>Year / Month / Day</small>
Address:	_____ _____ _____		
City:	_____	Postal Code:	_____
Home Phone:	_____	Work Phone:	_____
Cell Phone:	_____	Extension:	_____
Email Address:	_____		
Alternate:	_____		

Personal / Family Physician (required for new registrants)

Name: _____ Phone: _____

Emergency Contact (required for new registrants)

Name: _____ Relationship: _____
Phone: _____ 2nd Phone: _____

Small Group Fitness Members

If you will be joining as part of a small group, please provide the other members' details.

Name	Phone / Email



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General Questions

How did you hear about the Body Buster Personal Training program?

Note: please be specific by providing name of company or friend. i.e. Google, The SUN, Jane Smith, Bob Dole, etc.

What are your fitness goals during this program?

If you've ever participated in a *bootcamp style* program before, please tell us about your experience:

Have you ever participated in a Body Buster Program?

No Bootcamp Personal Training Nutrition Corporate / Non-profit Event

Details:

Please tell us if you are currently involved in any physical activity or fitness program:

Please rate your current **nutritional lifestyle** from 1 to 10* 1 2 3 4 5 6 7 8 9 10

*1 being not nutritional at all (surviving on cola and nachos) to 10 being very nutritional (I own a juicer and use it daily!)

Please rate your current **fitness level** from 1 to 10* 1 2 3 4 5 6 7 8 9 10

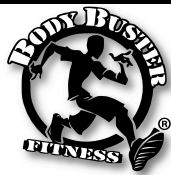
*1 being sedentary (filling out this form is exhausting) to 10 being very fit (I could take on Hercules!)

Health Questions

Please give details of any past or present injuries, or medical conditions: _____

Please give details of ANY potential reason you should NOT participate in a physical fitness program: _____

Please give details if you have a heart condition or any other condition that may cause challenges while participating in physical fitness activities: _____



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Do you have any of the following?

Anemia

Hypertension

Joint Pain

Epilepsy

Asthma

Diabetes

Back Pain

Recent Surgery

Arthritis

Cancer

Neck Pain

If "yes" to any of the above, please give details:

Please list any current medications you are taking:

- It is recommended to consult your physician before starting any new fitness program.
- It is also a good idea to ensure that you are getting an adequate amount of water, sleep, and physical activity when adding fitness program activities to your daily lifestyle.
- You will be required to provide a signed liability waiver form before participating in this program.

Any Additional Comments



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Program / Membership Selection	
Number Of Members (details must be written on page one)	<input type="checkbox"/> 1 (personal training) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 (small group)
Sessions Per Week	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Number Of Programs	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 10
Preferred Days / Time / Location (see website for up-to-date information)	

Payment Details. All fields are required.

<input type="checkbox"/> Reserve My Spot Your card will NOT be charged as long as full payment is received before the start of the program.	<input type="checkbox"/> Pay In Full Your card will be charged the full amount plus applicable taxes for the program you have registered for.
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**If paying by cash, cheque, or money order, you MUST provide a credit card to reserve your spot.
Your credit card will NOT be charged as long as full payment is received before the start of the program.**

Credit Card #		Expiry	
Name On Card		CSC or CVN# (required)	

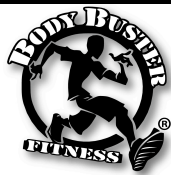
REQUIRED: For safety and security, our credit card processor requires your card's CSC or CVN verification number. The CSC or CVN is the 3 or 4 digits printed on the back of your card to the right of your card number. The American Express security code is a 4 digit number printed on the front, to the right, and above your card number.

Body Buster™ Payment Terms and Conditions

1. Body Buster, Body Buster Inc., Body Buster Personal Training, Body Buster Nutrition, Body Buster Bootcamp, Body Buster Boot Camp, Body Buster Fitness, Body Buster Fitness Bootcamp, and Body Buster Fitness Boot Camp, are herein referred to as Body Buster.
2. All Body Buster registrations and purchases (including, but not limited to, membership payments, programs, classes, merchandise, equipment, clothing, and products) are non-refundable. Body Buster memberships are non-transferable.
3. The schedule, location, and/or content of the program may be changed due to circumstances beyond the control of Body Buster.
4. I understand that my registration cannot be cancelled, and that if I do not pay for my registered program before the start of the program, my credit card will be charged for the full amount due.
5. I agree to allow Body Buster and/or any agents working on behalf of Body Buster to charge my credit card for the amount due in accordance with the terms and conditions of this registration and reservation.
6. I understand that to qualify for the reduced pricing of a multi-program package, I must enroll in a complete multi-program package, and agree to pay Body Buster by monthly installment payments for the multi-program package I have enrolled in.
7. I understand that to qualify for enrollment in a multi-program package, I must complete the online registration form for the appropriate program, and pay via credit card, and that that same credit card will be used for the duration of the contract.
8. I understand that to qualify for the reduced pricing of a small-group package, I must enroll with other members, and that their continued adherence to these terms and conditions is required to qualify for small-group pricing.
9. I agree to allow Body Buster and/or any agents working on behalf of Body Buster to charge my credit card on a consecutive monthly basis starting with the day I sign up and continuing for each and every month that follows up to a total number of monthly charges to my credit card equal to the number of programs set out in my multi-program package.
10. I understand that for multi-program packages, the monthly charge to my credit card is determined by the day of enrollment, and does not correspond to the actual starting dates for the program for which I am enrolled.
11. By signing below, I certify that I have read, fully understand, and fully agree to abide by these terms and conditions.

Payment Terms and Conditions - Signature

Name (please print)	Year / Month / Day	Signature
	Date	



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Body Buster™ Disclaimer / Liability Waiver

1. All prices listed are in Canadian dollars.
2. Body Buster, Body Buster Inc., Body Buster Personal Training, Body Buster Nutrition, Body Buster Nutrition and Wellness Program, Body Buster Bootcamp, Body Buster Boot Camp, Body Buster Fitness, Body Buster Fitness Bootcamp, and Body Buster Fitness Boot Camp, Body Buster Nutrition, Body Buster Nutrition and Wellness are herein referred to as Body Buster.
3. I understand that Body Buster memberships are nontransferable.
4. I understand that all Body Buster purchases (including, but not limited to, membership payments, programs, classes, merchandise, equipment, clothing, and products) are non-refundable.
5. I understand that missed classes, sessions, meeting, and/or workshops are not, will not, and cannot be carried forward to another Body Buster program.
6. I understand that while participating in any Body Buster program, workshop, and/or class, photos, video, and/or audio may be captured/recorded for the purpose of marketing/advertising, and that I authorize Body Buster to use any and all photos, video, and/or audio of me for those purposes of marketing/advertising without compensation.
7. I understand that if I am unable to complete the Body Buster program due to a medical condition, I may be allowed to defer a portion of my current program to a future program, conditional on providing documentation from a physician* stating that I cannot complete the current program.
8. I understand that if I defer a portion of my program due to a medical condition, I cannot return to the program until I provide documentation from a physician* stating that I am fit to do so.
9. I understand that all activities involved with the Body Buster program may be challenging to my physical and mental abilities, and I hereby certify that I am fit to participate in any and all such activities and that such determination has been made by a physician*.
10. *The term physician refers to any medical doctor or specialist licensed to practice medicine in Ontario, and who is certified and registered in good standing with The College of Physicians and Surgeons of Ontario.
11. I understand that the Body Buster program involves activities that carry with them the potential of harm to myself, my property, loss or damage to my possessions, bodily injury and death, and I hereby certify that I understand and accept all risks associated with my participation in the Body Buster program and agree to hold harmless its management, staff, associated person(s), and/or entities from and against any and all liability for any harm to myself or my property that may arise from my participation in the Body Buster program.
12. I understand that I must be aware of my physical conditions/limits and that there are risks associated with all Body Buster activities.
13. I understand that the schedule, location, or content of the workshop or program may be changed due to circumstances beyond the control of Body Buster.
14. I understand that to qualify for the reduced pricing of a multi-program package, I must enroll in a complete multi-program package, and agree to pay Body Buster by monthly installment payments for the multi-program package I have enrolled in.
15. I understand that to qualify for enrollment in a multi-program package, I must complete the online registration form for the appropriate program, and pay via credit card, and that that same credit card will be used for the duration of the contract.
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18. I understand that for multi-program packages, the monthly charge to my credit card is determined by the day of enrollment, and does not correspond to the actual starting dates for the program for which I am enrolled.

Disclaimer / Liability Waiver - Signature

Name (please print)	Year / Month / Day Date	Signature
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Guardian Approval (for participants under the age of 18)

Name (please print)	Year / Month / Day Date	Signature
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