

Voluptuous Ladies

BOOT CAMP!

When will we meet?

VLBC will meet Saturdays during the month of October in the upper parking lot of Howarth Park.

What do I need?

An exercise mat, small hand weights (3-5 lbs.), a water bottle, running shoes, small towel and a sense of humor. You can purchase hand weights at any Target or Big 5 and running shoes at Heart and Sole.

What types of exercises are included in the program? Exercises include: core conditioning, short distance running (less than one mile), lunges, muscular strength, jumping rope, circuit training, agility drills, push-ups, plus a few surprises, and more!

Why should I participate?

You should make a dramatic improvement in your physical well-being. Your body will become more fit and toned, and you will gain more confidence and self-esteem!

What is included with VLBC? Pre/post fitness evaluations to measure progress and discuss fitness goals. Unlimited phone, email and message board support.

What is the total cost for VLBC?

\$100 each for the month. \$20 drop-in fee per session. This must be paid before the beginning of the first session unless prior arrangements have been made. Fees can be made in cash or check. Please contact me at 707-544-1740 to register.

After I sign up what do I do?

After all of the necessary paperwork and payment has been received then your pre-camp fitness evaluations will be scheduled. It is there that your baseline fitness will be determined. Body weight and body composition will be measured, as well as your muscular strength, endurance and flexibility.

What's next?

VLBC! Now the fun begins! You will be held accountable to yourself with required completion of your daily nutrition log and for showing up each and every workout (no excuses!).

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Personal Information:

Name: _____ Date of Birth: ___/___/___

Address: _____ Phone: _____

City/State/Zip: _____

Emergency Contact Person: _____

Emergency phone: _____ Relationship: _____

Liability Waiver:

I, the undersigned, being aware of my own health and physical condition, and having knowledge that my participation in any exercise program may be injurious to my health, am voluntarily participating in physical activity with Dana Jones.

Having such knowledge, I hereby release Dana Jones from liability for accidental injury or illness, which I may incur as a result of participating in the said physical activity. I hereby assume all risks connected therewith and consent to participate in said program.

I agree to disclose any physical limitations, disabilities, ailments, or impairments, which may affect my ability to participate in said fitness program.

Signature: _____ Date: ___/___/___

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Refund Policy

I strive to provide the best possible service to my clients. If for any reason you are not satisfied with my services, I will be happy to issue you a refund for services ***not performed***.

If you have paid for a package in full, you will be refunded for unused sessions and services.

I have read the above policies and agree to its terms as it applies to my personal training.

Client Name: _____

Signature: _____

Date: _____

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Data Collection Sheet

NAME: _____ DATE: _____

HEIGHT: _____ in. WEIGHT: _____ lbs. AGE: _____

PHYSICIANS NAME: _____ PHONE: _____

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

Questions	Yes	No
1 Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor?		
2 Do you feel pain in your chest when you perform physical activity?		
3 In the past month, have you had chest pain when you were not performing any physical activity?		
4 Do you lose your balance because of dizziness or do you ever lose consciousness?		
5 Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
6 Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?		
7 Do you know of <u>any</u> other reason why you should not engage in physical activity?		

If you have answered "Yes" to one or more of the above questions, consult your physician before engaging in physical activity. Tell your physician which questions you answered "Yes" to. After a medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition.

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GENERAL & MEDICAL QUESTIONNAIRE

Occupational questions	Yes	No
8. Does your occupation require extended periods of sitting? _____		
9. Does your occupation require extended periods of repetitive movements? (If yes, please explain.) _____		
10. Does your occupation require you to wear shoes with a heel (dress shoes)?		
11. Does your occupation cause you anxiety (mental stress)?		
Recreational questions	Yes	No
12. Do you partake in any recreational activities (golf, tennis, skiing, etc.)? (If yes, please explain.) _____		
13. Do you have any hobbies (reading, gardening, working on cars, exploring the Internet, etc.)? (If yes, please explain.) _____		
Medical questions	Yes	No
14. Have you ever had any pain or injuries (ankle, knee, hip, back, shoulder, etc.)? (If yes, please explain.) _____		
15. Have you ever had any surgeries? (If yes, please explain.) _____		
16. Has a medical doctor ever diagnosed you with a chronic disease, such as coronary heart disease, coronary artery disease, hypertension (high blood pressure), high cholesterol or diabetes? (If yes, please explain.) _____ _____		
17. Are you currently taking any medication? (If yes, please list.) _____ _____		