



ENHANCE



# Fitness Boot Camp

Balanced Nutrition...  
Excellent Workouts...  
Real Results...  
[www.enhancept.com](http://www.enhancept.com)



Personal Training & Athletic Performance, Inc.

## Fitness Success Starts Here!

### All fitness levels are welcome.

Class structure is %challenge by motivation, challenge by choice+. Our classes and instructors are committed to teaching, motivating, and challenging the students. Enhance Boot Camp is a boot camp/group fitness program that uses any and every possible way of physical activity to burn the maximum amount of calories during each session. The best part is that no two workouts will be the same.

### Dates & Days:

- " April 7<sup>th</sup> . 30<sup>th</sup> 2010
- " Mondays, Wednesdays, & Fridays

### Times & Locations:

- " **Session I:** 5:30 . 6:30am, Western Springs Rec. Center, 1500 Walker St - Western Springs, IL 60558
- " **Session II:** 9:15 -10:15am, First United Methodist Church, 100 W. Cossitt - LaGrange, IL 60525

**Enrollment includes:** - Free Fitness Newsletters . Free Online Meal Planner - 10% off in-home training

## Two Trainers...Tons of Variety...One Goal

### About your trainers:

**Mike Padua** is an experienced certified personal trainer. Mike received his Bachelor Degree from DePaul University in Physical Education, with a minor in coaching. While at DePaul, he was a strength and conditioning coach for several of DePaul's division I athletic teams under the supervision of the head strength coach Tim Lang. Mike has been training since 2002 emphasizing on athletic performance, weight management and joint stability.

**Christy Williams** grew up as a swimmer and diver in LaGrange and attended L.T.H.S. She graduated from University of Illinois-Champaign with a degree in Food Science Human Nutrition with a focus in Dietetics. A diver and member of the U of I Swim/Dive team, she participated in Big Ten Championships. Since March 2004, she has worked as Aquatics Director, Swim/Dive team coach, Personal Trainer, and Group Fitness Instructor at Five Seasons Sports Club in Burr Ridge. She has also coached the LTHS Girls high school diving team for 5 years and incorporated Dryland Training programs. Christy has completed two marathons and qualified for the Boston Marathon. Currently, she has done over 10 triathlons with varying lengths and continues to train with a goal to complete an Ironman.

4 weeks of excellent workouts and nutritional tips that will keep you motivated to live a fit and healthy lifestyle!



For more information. please contact: Michael J. Padua Jr.  
Cell: 312.401.1169 Email: [mike@enhancept.com](mailto:mike@enhancept.com) [www.enhancept.com](http://www.enhancept.com)

**Enhance Personal Training & Athletic Performance, Inc.**  
**FITNESS BOOT CAMP**

Program Attendance: (please check all that apply)

**5:30am – 6:30am classes are held at the Western Springs Rec. Center**

**Three a Week: (\$14 per class Best Value!!!)**

\_\_\_\_\_ April 7<sup>th</sup> ó 30<sup>th</sup> 2010 ó **Mon., Wed., and Fri.** - 5:30am - 6:30am (**Total cost: \$154**)

**Twice a Week: (\$16 per class)**

\_\_\_\_\_ April 7<sup>th</sup> ó 30<sup>th</sup> 2010 - 5:30am - 6:30am (**Total cost: \$128**)

What two days will you be present for boot camp? (please circle two) Monday, Wednesday, Friday

**Once a Week: (\$18 per class)**

\_\_\_\_\_ April 7<sup>th</sup> ó 30<sup>th</sup> 2010 - 5:30am - 6:30am (**Total cost: \$72**)

What day will you be present for boot camp? (please circle one) Monday, Wednesday, Friday

**9:15am – 10:15am classes are held at the First United Methodist Church**

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\_\_\_\_\_ April 7<sup>th</sup> ó 30<sup>th</sup> 2010 ó **Mondays & Wednesdays** - 9:15am ó 10:15am (**Total cost: \$128**)

What two days will you be present for boot camp? (please circle two) Monday, Wednesday, Friday

**Once a Week: (\$18 per class)**

\_\_\_\_\_ April 7<sup>th</sup> ó 30<sup>th</sup> 2010 ó **Mondays Only** - 9:15am ó 10:15am (**Total cost: \$72**)

What day will you be present for boot camp? (please circle one) Monday, Wednesday, Friday

Total Cost: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please Check Payment Type:

\_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit

Charge My: \_\_\_\_\_ VISA \_\_\_\_\_ MasterCard \_\_\_\_\_ AMEX

Account #: \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Date \_\_\_\_\_

- *Full payment must accompany the registration form. With a Director's approval, a pro rated fee will be charged to any student enrolling after the start of a session.*
- *Checks are made payable to "Enhance Personal Training & Athletic Performance, Inc."*
- *Class fees are non-refundable except in the following circumstances:*
  - Documented medical disability or family emergency
  - Class cancellation due to minimum enrollment of 6 participants not being met.

**Please mail registration, health history, consent form, and payment to:**

**Michael J Padua Jr.  
811 S. Lytle St. Unit 215  
Chicago, IL 60607**

# FITNESS BOOT CAMP

## Health History Form

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

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M F

Medical Professional's Name: \_\_\_\_\_

Medical Professional's Phone: \_\_\_\_\_

Person to contact in case of Emergency:

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

Relationship to emergency contact: \_\_\_\_\_

**Are you taking any medications or drugs, including over the counter supplements, vitamins, or herbs? If so, please list below.**

Medication	Dosage	Prescribed for	When started

**Do you now, or have you had in the past: (check if yes, leave blank if no)**

1.  History of heart problems, chest pain or stroke
2.  Increased blood pressure
3.  Family history of heart disease, esp. Myocardial Infarction less than 50 years of age.
4.  Balance problems, dizziness or loss of consciousness
5.  Living a sedentary lifestyle not accustomed to physical exercise
6.  Have you had chest pain when you were not doing physical activity
7.  Any surgery within the last 12 months
8.  Pregnancy within the last 3 months
9.  History of breathing or lung problems
10.  Muscle, joint or back disorder, or any previous injury still affecting you
11.  Diabetes
12.  Metabolic disease (thyroid, renal, liver)
13.  Cigarette smoking habit
14.  Increased blood cholesterol
15.  Hernia, or any condition that may be aggravated by lifting weights
16.  Do you know of any other reason why you should not do physical activity

**Please explain any "YES" answers on the back of this page**

**Enhance Personal Training & Athletic Performance, Inc.**  
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*Consent Form*

I, \_\_\_\_\_, give my consent to participate in the physical fitness program conducted by Michael J. Padua Jr. and Enhance Personal Training & Athletic Performance, Inc.

**Benefits**

Participation in a regular program of physical activity has been shown to produce positive changes in a number of organ systems. These changes include increased work capacity, improved cardiovascular efficiency, and increased muscular strength and power.

**Risks**

I recognize that exercise carries some risk to the musculoskeletal systems (sprains, strains) and the cardio respiratory system (dizziness, difficulty in breathing, heart attack). I hereby certify that I know of no medical problem (except those noted below) that would increase my risk of illness and injury as a result of participation in a regular exercise program.

**Known Medical Problems**

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I have read and understand this form and the program it described, and I do voluntarily request the right to participate in the training program. I do hereby discharge, release, and hold harmless Enhance Personal Training & Athletic Performance, Inc., Michael J. Padua Jr., employees, facility, and agents from any and all liability for damages resulting from injury by participating in the training program.

Participant's Signature: \_\_\_\_\_

Parent/Guardian's Signature (if under age 18) \_\_\_\_\_

Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_