

Men's

Fitness Boot Camp

ENHANCE



Balanced Nutrition...
Excellent Workouts...
Real Results...

www.enhancept.com

Personal Training & Athletic Performance, Inc.

Format:

Each class will be different. Class varieties include, but are not limited to, boot camp, strongman techniques, pilates, yoga, interval training, high intensity training, strength training, cardiovascular training, sport specific training, motor skill exercises, light weight exercises, body weight exercises, agility drills, speed drills, endurance training, functional training, floor exercises, plyometrics, isometric exercises, and many more.

8 Week Fitness Program

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 & Times:

~ February 27th . April 24th 2010
~ Saturdays (no class on April 3rd)
~ 7:45 . 8:45am

Location:

Park District of La Grange
536 East Ave
La Grange, IL 60525

Enrollment includes:

~ Free Fitness Newsletters
~ Free Online Meal Planner
~ 10% off in-home training

About your trainer:

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.



For more information. please contact: Michael J. Padua Jr.
Cell: 312.401.1169 Email: mike@enhancept.com www.enhancept.com

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_____ Feb. 27th ó April 24th 2010 ó **Saturdays** ó 7:45am ó 8:45am (**Total cost: \$128**)
(No class on April 3rd)

Name: _____ Age: _____

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

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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

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: ____/____/____