

BREALY BOOTCAMPS

Booking onto one of my Bootcamps is the first step towards making a fundamental and long lasting change to your life. As the UK premier weight-loss and fitness camp designers my aim is to help you become the slimmer, more toned and fit version of yourself that you have always wanted.

Please complete the following booking form and return it to me with 30% deposit to secure your place. The remaining balance needs to be paid six weeks prior to the date of your course. If booking within six weeks of the start date of the course/event then the full fee is payable at time of booking.

When your booking is confirmed we will send you final joining instructions including kit list and travel arrangements.

Places on all courses are limited so early booking is recommended.

Please send your completed booking forms to

JAB Fit UK
Pear tree cottage,
Village Road,
Dorney,
Windsor,
SL4 6QH

Bank Transfer Details for payment: Sort no: 20-85-26 Acc: 73979415

Cheques should be made payable to JAB Fit UK Ltd and sent to the above address along with your signed copy of the attached booking forms.

In the meantime if you have any questions then please call me on 07710760814.

I look forward to seeing you soon

Julie Brealy

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PASSIONATE

PROFESSIONAL

BOOKING FORM

CONTACT DETAILS

Name.....

Address.....
.....
.....
.....

Daytime Contact Number.....

Evening Contact Number.....

Email Address.....

PERSONAL DETAILS

Date of Birth..... Age.....

Height.....cm..... orft.....ins

Current Weight.....St/lb orKg

BOOTCAMP EVENT

Event.....

Location.....

Date.....

In enclose payment for £..... (30% Deposit/ Full Payment)* delete as applicable

Signed..... Date.....

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MEDICAL HISTORY

Full Name.....

1. Are you currently taking any prescribed medication? Yes No

If yes please provide details.....

2. Are you registered as a disabled person?

If yes please provide details.....

3. Do you have any allergies?

If yes please provide details.....

4. Are you a smoker?

If yes please provide details of how many per day/week.....

5. Are you currently suffering from or have you ever suffered from any of the conditions listed below:

- | | | | |
|------------------------|-----------------------|-------------------------|-----------------------|
| Heart Trouble | <input type="radio"/> | Headaches/Migraines | <input type="radio"/> |
| Lung Disease | <input type="radio"/> | Kidney/Bladder Disorder | <input type="radio"/> |
| Stomach/Bowel Trouble | <input type="radio"/> | Back/Neck Problems | <input type="radio"/> |
| Diabetes/Hypoglycaemia | <input type="radio"/> | High Blood Pressure | <input type="radio"/> |
| Jaundice/Hepatitis | <input type="radio"/> | Depression/Anxiety | <input type="radio"/> |
| Joint Problems | <input type="radio"/> | Hernia or Rupture | <input type="radio"/> |
| Asthma | <input type="radio"/> | Epilepsy | <input type="radio"/> |
| Hearing/Sight Problems | <input type="radio"/> | Surgical Operations | <input type="radio"/> |

If yes please provide details.....

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Nutrition Questionnaire

Full Name.....

Are you a Vegetarian? **YES/NO**

Do you eat fish? **YES/NO**

Are you Vegan? **YES/NO**

Are you Celiac? **YES/NO**

Are you gluten intolerant? **YES/NO**

Are you wheat intolerant? **YES/NO**

Are you lactose intolerant? **YES/NO**

Do you have nut allergy? **YES/NO**

Details.....

Are you allergic to seeds? **YES/NO**

Do you have any food intolerance or allergies not mentioned? **YES/NO**

Details.....

Please provide any further details on any positive answers to any question above that may help us to best meet your dietary requirements

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PAR-Q & You

For most people, physical activity should not pose any problems or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should seek medical advice before increasing their physical activity level.

Common sense is your best guide in answering the following questions. Please read them carefully and answer honestly by placing a X in the appropriate box.

	YES	NO
1. Has your doctor ever said you have heart trouble?	<input type="radio"/>	<input type="radio"/>
2. Do you frequently have pains in your heart and chest?	<input type="radio"/>	<input type="radio"/>
3. Do you often feel faint or have spells of severe dizziness?	<input type="radio"/>	<input type="radio"/>
4. Has your doctor ever told you your blood pressure was too high?	<input type="radio"/>	<input type="radio"/>
5. Are you currently taking any prescribed medication?	<input type="radio"/>	<input type="radio"/>
6. Has your doctor ever told you that you have a bone or joint problem that may be aggravated by exercise?	<input type="radio"/>	<input type="radio"/>
7. Are you pregnant?	<input type="radio"/>	<input type="radio"/>
8. Are you over the age of 65 and not accustomed to vigorous exercise?	<input type="radio"/>	<input type="radio"/>
9. Is there any other good physical reason not mentioned here why you should not follow an activity programme if you wanted to?	<input type="radio"/>	<input type="radio"/>

If you answered Yes to any of the above questions please provide further detail including dates where relevant. You should also talk with your doctor BEFORE you commit to this programme.

Signed..... Date.....

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