



Participant Release & Health History Questionnaire

OC Speed Camp Release

This Agreement made and entered into this _____ day of _____, 20____, by and between _____ (Parent/Legal Guardian of Camper) and OC Speed Camps of John Spencer Ellis, Inc.

In consideration of the mutual agreement exchanged herein, the parent or legal guardian of the camp participant agree as follows (please initial each item to show agreement):

- ___ Camper will be arrive 5 minutes early in order to be ready to begin at scheduled time.
- ___ No credit or refunds shall be due for sessions cancelled or unattended by Camper.
- ___ Camper assumes the risk of participating in an exercise program and agrees that neither Instructors nor OC Speed Camps shall be held liable for any injury, illness or similar difficulty that Camper may suffer arising out of or connected with Camper's participation in the OC Speed Camp program.
- ___ Complete and sign Health & Fitness History Questionnaire, and release form prior to beginning speed camp sessions.
- ___ Camper may be required, and is expected to voluntarily seek, to have a Medical Clearance and Physician's Consent Form signed if they have any of the following physical conditions:
 - Hypertension (high blood pressure) (>140/90 mmHg)
 - Hyperlipidemia (cholesterol > 220 mg/dl or a total cholesterol-to-HDL ration Of >5.0)
 - Diabetes (either type)
 - Family history of heart disease prior to age 55
 - Smoking/Drug use
 - Abnormal resting EKG
 - Any other condition that OC Speed Camp personnel may deem as an unreasonable risk to Camper's health.

IN WITNESS WHEREOF, OC Speed Camps and Camper have caused this Agreement to be executed on the date written above.

by: _____
Instructor's Signature

by: _____
Parent/Legal Guardian's Signature

Instructor's Printed Name

Camper's Printed Name

Participant Name	
Name of Parent/Legal Guardian	
Date of Birth	
Phone(s)	
Email(s)	

Exercise/Athletic History (past 3-6 month average)

Number of workout sessions per week	
Hours/minutes per workout session	
Total workout time per week	
Intensity of sessions (Low, Moderate or High)	
Types of strength training exercises performed (i.e. bench press, squats, lunges, etc.)	
Forms of strength training resistance used (i.e. bodyweight, dumbbells, cables, etc.)	
Types of cardiovascular training exercise performed (i.e. walking, running, basketball, etc.)	

Nutrition/Eating Habits (past 3-6 month average)

Number of meals per day	
Approximate meal times	
Approximate water intake (ounces) per day?	
Typical foods eaten at meal times	

Health History (please answer YES, NO or N/A and provide details as necessary)

Condition/Concern (YES/NO) Dates, details if YES

Has a doctor ever diagnosed you with a heart condition? ^{**} (i.e. mitral valve prolapse, myocardial infarction, angina, etc.)		
Has a doctor diagnosed you with any obstructive pulmonary disease? ^{**} (i.e. asthma, interstitial lung disease, emphysema, etc.)		
Has a doctor diagnosed you with any form of metabolic disease? ^{**}		



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(i.e. diabetes, hypoglycemia, thyroid disorder, renal or liver disease, etc.)		
Have you been diagnosed by a doctor as hypertensive (high blood pressure)?** (i.e. 140/90 or higher, either number)		
Have you been diagnosed by a doctor as having high cholesterol or triglycerides?* (above 200 total or 150 LDL)		
Are you epileptic or have you ever had a seizure?		
Have you ever suffered a concussion or been knocked unconscious?		
Have you ever experienced chest pain?		
Have you ever experienced abnormal dizziness?		
Have you ever experienced shortness of breath with only mild exertion?		
Are you taking any medications right now?		
Do you have arthritis or moderate to significant joint pain?		
Do you have significant or consistent back pain or a spine disorder?		
Have you ever had any broken bones?		
Do you have any musculoskeletal pain or past injuries which currently affect you?		
Are you sensitive to touch or external pressure in any area?		
Have you ever had a hernia?		
Have you ever undergone any surgical procedure(s)?		
Do you experience poor circulation in your extremities or frequently cold hands and feet?		
Do you have any gastrointestinal disorders? (i.e. frequent constipation, IBS, hemorrhoids, etc.)		
Have you recently had a full physical exam from a doctor? (Please be specific)		

Emergency Information	Name	Contact Information
Emergency Contact Person		
Preferred Doctor/General Practitioner		



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Notes (Please provide any pertinent information or requests as necessary or additional information where space may not have been available)

I hereby certify, to the best of my ability and knowledge, that the above information is accurate and true.

Signature (parent, if participant is under 18 years)

Date

Please mail or fax back:

OC Speed Camp
c/o John Spencer Ellis Enterprises, Inc

30245 Tomas
Rancho Santa Margarita, CA 92688

Fax 949-589-8216

Phone 949-713-5319 ext. 211