

Enhance Personal Training & Athletic Performance, Inc.



Fitness Boot Camp

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

Indoor Fitness Boot Camp

Register Now!

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.



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:

- ~ **Wednesdays & Fridays**
- ~ Oct. 14th . Nov. 20th 2009

Times & Locations:

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

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

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.

For more information. please contact: Michael J. Padua Jr.

Cell: 312.401.1169 Email: mike@enhancept.com www.enhancept.com

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Program Cost: \$192

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:*
 1. Documented medical disability
 2. Family emergency
 3. 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

Three Referrals: If all three you refer join your enrollment is free!

1. _____

2. _____

3. _____

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Health History Form

Name: _____ Date: _____

Age: _____ Date of Birth: _____ Sex: M F

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. **Any chronic illness**
4. **Difficulty with physical exercise**
5. **Any surgery within the last 12 months**
6. **Pregnancy within the last 3 months**
7. **History of breathing or lung problems**
8. **Muscle, joint or back disorder, or any previous injury still affecting you**
9. **Diabetes**
10. **Metabolic disease (thyroid, renal, liver)**
11. **Cigarette smoking habit**
12. **Increased blood cholesterol**
13. **Hernia, or any condition that may be aggravated by lifting weights**

Please explain any "YES" answers below:

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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: _____/_____/_____