



ENHANCE



Fitness Boot Camp

Balanced Nutrition...
Excellent Workouts...
Real Results...
www.enhancept.com



Personal Training & Athletic Performance, Inc.

Exercise Variety That Produces Results!

All fitness levels are welcome.

Class structure is 50% 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:

- " September 8th . October 15th 2010
- " Mondays, Wednesdays, & Fridays

Full Body Transformation
Fitness Makeover
Decrease Body Fat

Times:

- " **Session I:** Early Morning - 5:30 . 6:30am
- " **Session II:** Mid-Morning - 9:15 -10:15am

Location: Waiola Park (47th St. & Waiola . La Grange, IL 60525)

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 6 years and incorporated Dryland Training programs. Christy has completed two marathons and qualified for the Boston Marathon. Currently, she has done over 11 triathlons with varying lengths and continues to train with a goal to complete an Ironman.

6 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 www.enhancept.com

FITNESS BOOT CAMP REGISTRATION

5:30am – 6:30am Early Bird Fitness Boot Camp

Three a Week: (\$15 per class Best Value!!!)

_____ September 8th ó October 15th 2010 - **Mon., Wed., and Fri.** - 5:30am - 6:30am (**Total cost: \$255**)

Twice a Week: (\$17 per class)

_____ September 8th ó October 15th 2010 - 5:30am - 6:30am - (**Total cost: \$187**)

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

Once a Week: (\$19 per class)

_____ September 8th ó October 15th 2010 - 5:30am - 6:30am - (**Total cost: \$114**)

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

9:15am – 10:15am Mid-Morning Fitness Boot Camp

Three a Week: (\$15 per class Best Value!!!)

_____ September 8th ó October 15th 2010 ó **Mon., Wed., and Fri.** - 9:15am - 10:15am (**Total cost: \$255**)

Twice a Week: (\$17 per class)

_____ September 8th ó October 15th 2010 ó 9:15am - 10:15am (**Total cost: \$187**)

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

Once a Week: (\$19 per class)

_____ September 8th ó October 15th 2010 ó 9:15am - 10:15am (**Total cost: \$114**)

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

Pay Per Class/Drop in Fee:

_____ \$20 per class

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.
FITNESS BOOT CAMP

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: ____/____/____