

FITCLUB SPRINGBOK 2016

Fitclub Springbok is a 2-week fitness-and weight-loss programme presented by Aimee Straszacker (registered Physiotherapist) and Retha Mostert (registered Dietician).

Fitclub Springbok 2016 is open to all persons above the age of 16 years.

Cost: Total price R600 (cash price) for the 2-week programme. *R100 entry fee included

The programme consists of participants taking part in fitness classes (indoors and outdoors) on the premises of HSN (High School Namaqualand) and following a 2-week diet plan.

Information regarding fitness classes

1. An initial fitness assessment (done by Aimee Straszacker) will be done with each participant post the completion of the questionnaire regarding the participant's current fitness status. The fitness test will then be dependent on the level of fitness of the participant.
2. Setting of fitness and weight- loss goals (if applicable)
3. Each participant will then be given the opportunity to choose which exercise classes he/ she would like to join. These are the current classes which have been decided upon; yet could change due to popularity and availability of venue:

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
05h30 – 06h30 Strength and conditioning		05h30 – 06h30 Bootcamp		
	18h30 – 19h30 Strength and conditioning	18h00 – 19h00 Stretch and Relaxation	18h30 – 19h30 Bootcamp	

4. Each participant will have the option of attending as many or as few classes as they desire; yet the participants are recommended to attend a minimum of three classes per week for optimal results.
5. All equipment will be provided by Fitclub Springbok for each exercise class.

Information regarding Dietary assessment and meal plan

1. An initial 15 minute dietary assessment (done by Retha Mostert) will be done with each participant. During the assessment the following measurements will be taken:
 - a. Weight
 - b. Height
 - c. BMI calculation
 - d. Waist circumference
 - e. Mid-upper arm circumference
2. Setting of a weight-loss goal (if applicable)

3. Each participant will receive a 7day meal plan (males/ female) which they will follow for the duration of the 2-week programme.
4. Costs for dietary assessment and meal plan can be paid by your medical aid if you have funds available in your medical savings account (MSA). If you give permission to do so, the claims will be submitted on your behalf. Costs not covered by participant's medical aid must be paid by the participant himself/herself.

How to enter:

1. Read information sheet regarding Fitclub Springbok 2016.
2. Complete the application form.
3. Read through the disclaimer and sign.
4. Drop off all relevant forms and R100 joining fee at Dr Burger and Dr Warrick Practice (5 Uitspan street, Springbok).

FitClub Springbok 2016 entry form

Name & surname:

ID number:

Tel nr:

Cell nr:

Email adresse:

Are you allergic to anything?

YES

NO

If yes, specify:

Do you use any chronic medication?

YES

NO

If yes, please list medication:

Do you suffer from any of the following:

Type 1 Diabetes Mellitus

YES

NO

Type 2 Diabetes Mellitus

YES

NO

Hypertension (High blood pressure)

YES

NO

Asthma

YES

NO

Ischaemic heart disease

YES

NO

Are you currently pregnant or have you given birth within the past three months?

YES

NO

How "fit" are you currently? (Circle the statement that describes your activity level best)

I do more than three hours of strenuous exercises per week

I take part in a regular exercise programme around three times per week.

I exercises less than three times a week

I rarely exercise.

Please circle the classes you would be likely to attend.

Monday	Tuesday	Wednesday	Thursday	Friday
05h30 – 06h30 Strength and conditioning		05h30 – 06h30 Bootcamp		
	18h30 – 19h30 Strength and conditioning	18h00 – 19h00 Stretch and Relaxation	18h30 – 19h30 Bootcamp	

Contact person in case of emergency:

Tel:

GP name and contact number

Tel:

Do you smoke?

YES

NO

Do you feel healthy?

YES

NO

If NO, please explain:

Injuries?

YES

NO

If yes, please explain?

Choose your payment option:

I would like to pay the full amount of R600 cash

I am a student at HSN (HSN student-rate R550 cash)

I would like to claim 50% from my medical aid and pay 50% cash

Medical Aid details:

Fund name:

Medical aid option:

Membership number:

Main member:

Main member ID number:

Your dependant code (eg 01):

Agreement and release of Liability Form

1. In consideration of my voluntary participation in the activities and programs of FitCamp Springbok 2016, the facilities, equipment for physical activities and events, I do hereby waive, release and forever discharge the service providers and its officers, agents, co-workers, representatives, subsidiaries, assigns, executors, and others who are part of the Fit Camp Springbok 2016 program, from any and all responsibilities or liability for injuries or damages resulting from my voluntary participation in activities or my use of equipment in the above referenced facilities or arising out of my participation in activities as part of the programme. I do also hereby release all of those for any injury or damage to myself, including those caused by the negligent act or omission of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in activities of the FitCamp Springbok 2016 program.

2. The dietary plan is the sole property of RETHA MOSTERT DIETICIAN. The replication or use of the dietary plan without my permission is prohibited. The dietary plan should only be used under supervision/ in consultation with Retha Mostert (RD)

3. The participant is solely responsible to ensure his/her health status is 'compatible' to a programme such as FitClub Springbok 2016. The participant is to consult their GP (General Practitioner) before taking part in this programme if there is any reason to believe the participant may not be suited to the program.

4. I declare that I have read, understood, and agree to/with the information set forth in this consent agreement in its entirety and do hereby sign out of my own free will

Completed form to be faxed (0277121139) or emailed (springbokfitclub@gmail.com)

Signed on _____ (date)

by _____ (name and surname)

Signature _____

Witness (name & surname): _____

Witness signature: _____