

<i>Performance Sport & Speed Office Use Only</i>			
Date	Staff Name	Eval. Date	Member Number

Sport & Speed Training Registration Form

Contact Information

Parent/Guardian
Name _____
Address _____
City _____
State _____ Zip _____
Home Phone _____
Work Phone _____
Cell Phone _____
E-mail _____

Athlete
Name _____
Age _____ Grade _____ DOB ____/____/____
School/Organization _____
Cell Phone _____
E-mail _____
Sport(s): <input type="checkbox"/> Baseball <input type="checkbox"/> Basketball <input type="checkbox"/> Football <input type="checkbox"/> Golf <input type="checkbox"/> Field Hockey <input type="checkbox"/> Gymnastics <input type="checkbox"/> Hockey <input type="checkbox"/> Lacrosse <input type="checkbox"/> Soccer <input type="checkbox"/> Softball <input type="checkbox"/> Swimming <input type="checkbox"/> Tennis <input type="checkbox"/> Wrestling <input type="checkbox"/> Track & Field <input type="checkbox"/> Volleyball <input type="checkbox"/> Other _____

Fall 2017 Sport & Speed Sessions with Coach Leah Robertson

Session 1: 6-Week Session September 5th - October 12th Tuesdays & Thursdays 4:30-5:30pm	Cost: \$180
Session 2: 6-Week Session October 17th - November 30th; Tuesdays & Thursdays 4:30-5:30pm (not meeting on Oct. 31 & Nov. 23 - makeup days are Nov. 28 & Nov. 30)	Cost: \$180

How did you hear about us?

Website _____ Facebook _____ School _____ Health Club Referral _____ Camp _____
Newsletter/Flyer _____ Word of Mouth _____ Special Event / Other _____
Coach Referral _____ Coach Name _____
Athlete Referral _____ Athlete Name _____

Medical Waiver and Release of Liability & Promotion

I, _____, acknowledge that I, individually, have voluntarily applied to participate in the Performance Sport & Speed training program. I acknowledge the risks and the potential risks of athletic training. However, I feel that the possible benefits to me and my child are greater than the risk assumed.

I am aware that although Performance Sport & Speed, its subsidiaries, and parent companies, its officers, directors, owners and/or employees make reasonable efforts to make each athlete's training a safe and productive experience, that there are inherent risks which occur as a result of such physical activity.

I acknowledge that an athlete, when training, through no fault of his own, his trainer(s) or the facility may become injured for a variety reasons that are unavoidable.

I represent that I am in good health and suffer from no physical impairment, which would limit my use of Performance Sport & Speed's facilities or instruction. I further represent that I carry full and complete medical insurance coverage.

I acknowledge that Performance Sport & Speed has not and will not render any medical services including medical diagnosis of my physical condition.

YES NO

IF YES, PLEASE EXPLAIN ANY LIMITATIONS ON YOUR ACTIVITIES

Has a doctor ever said the athlete has heart trouble or a heart condition? _____

Has a doctor ever said the athlete's blood pressure was too high? _____

Does the athlete suffer from any problems of the neck, back or knees, i.e. chronic pain, injury or numbness?

Is the athlete currently taking any medications? (*Please specify*) _____

Does the athlete have previous surgeries or injuries? (*Please specify*) _____

If you answered NO to all questions above, you have provided to Performance Health & Fitness a general indication that you may participate in physical and aerobic fitness activities and/or fitness evaluation testing. The fact that you answered NO to the above questions, is no guarantee that you will have a normal response to exercise or that a fitness regimen will not cause you medical problems.

If you answered YES to any of the questions above, Performance Health & Fitness may request written permission from the athlete's physician before participating in physical and aerobic fitness activities.

Release of Promotional Consideration

In additional consideration of being permitted by The Performance Sport & Speed to participate in its training program and to use its facilities, I hereby permit Performance Sport & Speed to use my name, image and likeness for promotional purposes limited to its athletic training programs and facilities. Performance Sport & Speed's promotional mediums include but are not limited to print, radio, video, television and the Internet.

In consideration of being permitted by Performance Sport & Speed to participate its training program and to use its facilities, I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrators and/or guardian of my son/my daughter/my ward specifically agree that Performance Sport & Speed, its officers, employees and agents shall not be liable for any claim, demand, cause of action of any kind whatsoever for, or on account of death, personal injury, property damage or loss of any kind resulting from or related to my use of the facilities or participation in any athletic training, exercise or activity within or outside the club premises, and I agree to hold Performance Sport & Speed harmless from same. I hereby waive any and all claims for any and all injuries I may suffer under any circumstances, including but not limited to those claims arising from the negligence of Performance Sport & Speed, Performance Health & Fitness, its employees, agents, servants, invitees, co-members, contractors, or sub-contractors, employees or otherwise.

I acknowledge that I have read this release and waiver and fully understood its contents. I have been fully and completely advised of the potential dangers incidental to engaging in the activity and instruction of athlete training and I am fully aware of the legal consequences of signing this release. I voluntarily agree to the terms and conditions stated above.

Athlete's Signature: _____ Date: _____

Guardian's Signature: _____ Date: _____