

Registration Form

SPORT & SPEED



Performance Sport & Speed is the perfect compliment to school athletics if you're looking to maximize performance. Participants improve their speed, strength, and agility. Many past participants have gone on to great athletic accomplishments, including NCAA All-Americans, State Championships, and more.

\$180 per 6-week session

2018 Session Options (Check all that apply) // Tuesdays and Thursdays 4:30-5:30 p.m.

<input type="checkbox"/> January 8 – February 16	<input type="checkbox"/> February 19 – April 6	<input type="checkbox"/> April 16 – May 25
<input type="checkbox"/> June 4 – July 13	<input type="checkbox"/> July 23 – August 31	<input type="checkbox"/> September 10 – October 19
<input type="checkbox"/> October 29 – December 7		

Sport(s) Participating In (Check all that apply)

Baseball Basketball Football Field Hockey Golf Gymnastics Hockey Lacrosse Soccer
 Softball Swimming Tennis Track & Field Volleyball Wrestling Other _____

Athlete Information

Name

Age Grade DOB School

Cell Phone Email

PARENT/GUARDIAN INFORMATION

NAME / D.O.B

EMAIL

If you're not a current Performance Health & Fitness member, please fill out the details below.

ADDRESS

CITY/STATE/ZIP

PHONE

EMERGENCY CONTACT / PHONE

HOW DID YOU HEAR ABOUT US?

Release of Promotional Consideration

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

INITIAL:

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Medical Waiver and Release of Liability

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/her 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? (If yes, please specify.)

Has the athlete had previous surgeries or injuries? (If yes, 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 participant's physician before participating in physical and aerobic fitness activities.

In consideration of being permitted by Performance Health & Fitness to participate in 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 Health & Fitness, 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 Health & Fitness harmless from same.

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.

GUARDIAN SIGNATURE (if under 18):

PARTICIPANT SIGNATURE:

DATE:

DATE: