



ACCELERATION SPORTS PERFORMANCE ATHLETE INFORMATION FORM

Please Print Clearly

Name _____ Age _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Home # _____ Cell # _____

E-mail Address _____

Sport(s) _____ Position(s) _____

Team(s)/School _____ Grade _____

Emergency Contact: _____ Emergency Contact Phone # _____

How did you hear about us? Internet Ad Email Coach Friend Other: _____

If a person, please tell us who so we can thank them: _____

What do you want to improve? Speed Agility Strength Power Quickness Flexibility
 Endurance Running Mechanics Confidence Body Composition Explosiveness
 Combine Numbers Skill Reaction Time Throwing/Kicking Velocity Core Strength
 Hand/Eye Coordination Balance Injury Prevention

What other types of training have you had in the past? _____

When does your next season start? If in-season, how many days a week do you practice? _____

What days are most convenient for you for training sessions?

Monday Tuesday Wednesday Thursday Friday Saturday

How good of shape are you currently in?

Great Shape Good Shape Average Shape Below Average Shape Poor Shape

Athletic Assessment Overview (For Performance Trainer To Fill Out): _____

RELEASE OF ALL CLAIMS, WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT

ACKNOWLEDGEMENT OF RISK AND DANGER AND ASSUMPTION OF RISK

I understand and am aware that the use of the Acceleration Sports Performance Program facilities and equipment has inherent and unanticipated and unknown risks and dangers that may cause injuries or death. I expressly assume all risk or injury or death that may be sustained during my use of the facilities and equipment, its officers, director, agents and employees, defects in the facilities and equipment, the negligence of others and my own negligence or misuse.

_____/_____

Initial - If minor, parent/guardian/conservator also initial.

RELEASE, COVENANT AND PROMISE NOT TO SUE

In consideration of being permitted to use the Acceleration Sports Performance Program facilities, services and equipment, I hereby release, acquit and discharge this facility, its successors and assigns, and its offices, directors, agents, and employees of and from all claims and liability of any kind which agree that I will not sue or commence any action of any kind against Acceleration Sports Performance Program, its successors and assigns and its officers, directors, agents, or employees.

_____/_____

Initial - If minor, parent/guardian/conservator also initial.

INDEMNIFICATION AGREEMENT

In consideration of being permitted to use the Acceleration Sports Performance Program facilities, services, and equipment, I agree to indemnify and hold harmless this facility, its successors and assigns, and its officers, directors, agents, and employees of and from any claims, demands, liability, or judgments arising out of my use of the Acceleration Sports Performance facilities and equipment.

_____/_____

Initial - If minor, parent/guardian/conservator also initial.

PARENT/GUARDIAN/CONSERVATOR INDEMNIFICATION AGREEMENT

In consideration of my child/ward being permitted to use the Acceleration Sports Performance Program facilities and equipment I agree to indemnify and hold harmless this facility, its successors and assigns, and its officers, directors, agents and employees of and from any claims, demands, liability, or judgments made by or on behalf of my child/ward arising out of or during my child/ward's use of the Acceleration Sports Performance Program facilities and equipment.

_____/_____

Initial - If minor, parent/guardian/conservator also initial.

PERMISSION TO PROVIDE MEDICAL TREATMENT AGREEMENT

I HEREBY give my permission for my son/daughter to undergo medical treatment for any injury or illness he/she may sustain or acquire while engaged in the Athletic Republic™ Program. I understand that the personnel of the Acceleration Sports Performance Program use only those procedures, which are within their training, credentialing and scope of professional practice to prevent, care for and rehabilitate injuries. In the event that more serious medical procedures are required, such as surgery or other invasive procedures, I understand that attempts will be made to contact me for my consent. I understand that if my child suffers a potentially life threatening injury or illness, and in the event I am unable to be contacted within a reasonable period of time, that I authorize any duly licensed medical practitioner to perform such procedures as may be medically necessary to alleviate the problem

_____/_____

Initial - If minor, parent/guardian/conservator also initial.

TRAINING FEES

Training fee advance deposits are necessary before scheduling any pretests and evaluations. These are non-refundable.

Acceleration Sports Performance Programs are non-transferable and are designed to be completed in 6-8 weeks in order to achieve optimal results. The fee balance will be held for 360 days from the start of the first workout. If after this time, training has not been completed, the remainder of your account will be forfeited.

_____/_____

Initial - If minor, parent/guardian/conservator also initial.

REFUNDS

Cash refunds will not be given. Individuals granted refunds will receive a credit for the amount paid, which may be used towards the purchase of other Acceleration Sports Performance Program services.

_____/_____

Initial - If minor, parent/guardian/conservator also initial.

SCHEDULED APPOINTMENTS

Any individual failing to show for a scheduled Acceleration Sports Performance Program session will forfeit a paid session. Under a monthly contract, that athlete's contract will be fined \$20.

Cancellations are to be made one day in advance. Athletes canceling on the day of their appointment will be charged for that session. Early cancellations will lessen the possibility that you will have to forfeit a paid session.

Any athlete that is 5 to 15 minutes late for a scheduled appointment will receive a modified training session to fit the remaining time of the session. If the individual is over 15 minutes late for an appointment, they will forfeit that session.

_____/____

Initial - If minor, parent/guardian/conservator also initial.

Client:

Parent/Guardian/Conservator if applicable:

Signature **Date**

Signature **Date**

Print Name

Print Name

Address

Address

MEDICAL HISTORY SURVEY

1. Do you have now or have you had in the past, problems with (check yes or no for each area listed):

YES NO

	YES	NO
Headaches Requiring Treatment		
Heart		
Breathing (i.e. asthma)		
Abdominal Pain		
Dizzy Spells / Fainting		
Black Outs		
Eyes (except glasses)		
Hearing or Ears		
Arthritis		
Joint Pain or Swelling		
Knees (i.e. injury, giving out, swelling)		
Spine (Back or Neck)		
Broken Bones		
Kidneys		
Bladder		
Diabetes		
High Blood Pressure		
Cancer		
Operations or Surgery		
Varicose Veins		
Skin Disorders		
Other Major Injuries		
Drug Allergies		
Eating Disorder		
Allergies		
Numbness or Tingling in Arms, Hands, Legs or Feet		
Skin Rashes		

2. Have you had any problems with the following muscle, tendon, bone or joint areas (check yes or no for each area listed):

YES NO

YES NO

Head		
Neck		
Back		
Chest		
Shoulder		
Upper Arm		
Elbow		
Forearm		
Wrist		
Hand		

Fingers		
Hip		
Thigh		
Knee		
Shin		
Calf		
Ankle		
Foot		
Toes		

3. If you answered YES to any of item in questions 1 or 2, please provide details:

4. What physical activities have you been doing in the last two months?

5. Have you ever been knocked unconscious and/or had a seizure? ____

If yes, please provide details: _____

6. Have you ever had a cervical spine injury? ____

If yes, please provide details: _____

7. Are you under a physicians care at the present time? ____

If yes, please provide details: _____

8. Are you taking any medications or drugs at the present time? ____

If yes, please provide details: _____

9. Are you taking any supplements at the current time? ____

If yes, please provide details: _____

10. Do you have a permanent handicap or disability? ____

If yes, please provide details: _____

11. Have you ever had any problems during or after exercise such as passing out, dizziness or chest pains? ____

If yes, please provide details: _____

12. Have you ever become ill from exercising in the heat? ____

If yes, please provide details: _____

13. Please provide any other pertinent information not asked on this form.
