



## SPORTS TRAINING REGISTRATION FORM

### STEP 1 FILL OUT PERSONAL INFORMATION BELOW

NAME		DATE OF BIRTH	EMAIL
ADDRESS		SCHOOL / AFFILIATION	GRADE
CITY / STATE	ZIP	PARENTS NAME	
PHONE	CELL	EMERGENCY CONTACT	PHONE NUMBER

### STEP 2 PLEASE ANSWER THE FOLLOWING QUESTIONS:

- How did you hear about the program?  Family/Friends  Website  Coach/Instructor  Other \_\_\_\_\_
- List your favorite activities & sports \_\_\_\_\_
- Where does your primary training take place? \_\_\_\_\_
- If applicable, list coach(es)? \_\_\_\_\_

### STEP 3 MEDICAL HISTORY

- When was your last physical exam? \_\_\_\_\_
- Has your physician advised you to avoid any type of exercise? \_\_\_\_\_
- Are you taking any medications and/or supplements? \_\_\_\_\_

#### Family History – Please check if applies to you or your family

Self	Other	Family Member (s) Affected
<input type="checkbox"/>	<input type="checkbox"/>	Asthma _____
<input type="checkbox"/>	<input type="checkbox"/>	Allergies _____
<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure _____
<input type="checkbox"/>	<input type="checkbox"/>	Heart Conditions _____
<input type="checkbox"/>	<input type="checkbox"/>	Dizziness with exercise _____
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes _____
<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy _____
<input type="checkbox"/>	<input type="checkbox"/>	Cancer _____
<input type="checkbox"/>	<input type="checkbox"/>	Anemia _____
<input type="checkbox"/>	<input type="checkbox"/>	Respiratory Problems _____
<input type="checkbox"/>	<input type="checkbox"/>	Sudden Death before 50 _____
<input type="checkbox"/>	<input type="checkbox"/>	Other _____

#### Musculoskeletal History: Please check if applies to athlete

Please explain if you checked box

<input type="checkbox"/>	Head _____
<input type="checkbox"/>	Neck _____
<input type="checkbox"/>	Shoulder _____
<input type="checkbox"/>	Elbow and Wrist _____
<input type="checkbox"/>	Hand and fingers _____
<input type="checkbox"/>	Back _____
<input type="checkbox"/>	Hip _____
<input type="checkbox"/>	Knee _____
<input type="checkbox"/>	Ankle _____
<input type="checkbox"/>	Feet and Toes _____
<input type="checkbox"/>	Fractures _____
<input type="checkbox"/>	Other _____

The information that I provided is correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



**STEP 4 SIGN WAIVER**

**AMATEUR ATHLETIC  
WAIVER AND RELEASE OF LIABILITY**

**READ BEFORE SIGNING**

**In consideration of being allowed to participate in any way in the Strength Training and Conditioning athletic sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:**

- 1) The risk of injury from the activities involved in any athletic program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- 2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my participation; and,
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Performer's Advantage, LLC, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X \_\_\_\_\_  
(Participant's Signature)

Date Signed: \_\_\_\_\_

**FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X \_\_\_\_\_  
(Parent/Guardian Signature)

Date Signed: \_\_\_\_\_

Staff Notes: _____ _____ Staff Signature: _____ Date: _____
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