

DATE OF TRIAL: _____



ACCELERATION SPORTS PERFORMANCE ATHLETE INFORMATION FORM

Name _____ Age _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Home # _____ Cell # _____

E-mail Address _____

Sport(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
 Mobility Running Mechanics Confidence Core Strength Balance Injury Prevention

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

Medical History

Do You Have or Have You Had Problems With Any Of The Following? (circle all that apply)

Headaches (requiring treatment)	Heart Problems
Breathing Problems (i.e. asthma)	Abdominal Problems
Dizzy Spells/Fainting/Black Outs	Eye Problems
Hearing/Ear Problems	Anxiety
Joint Pain/Swelling/Arthritis	Knee Problems
Back/Spinal/Neck Problems	Broken Bones
Heat Illnesses	Diabetes
Skin Disorders/Rashes	Cancer
Sickle Cell Disease	Allergies
Seizures	Numbness or Tingling in Limbs
Foot/Ankle Problems	Hand/Wrist Problems
Shoulders Problems	Elbow/Forearm Problems

If you marked any of the above choices, can you please provide details of the problem(s):

Are You Currently Taking Any Medications? If Yes, please list: _____

**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 or my child/ward's 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 missus.

_____/_____

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 or of my child/ward's use of the Acceleration Sports Performance facilities and equipment.

_____/_____

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

PERMISSION TO PROVIDE MEDICAL TREATMENT AGREEMENT

I HEREBY give my permission for myself or my son/daughter to undergo medical treatment for any injury or illness I or he/she may sustain or acquire while engaged in the Acceleration 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 the emergency contact for my consent. I understand that if I or my child suffers a potentially life threatening injury or illness, and in the event I or they are 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/REFUNDS

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 8-12 weeks in order to achieve optimal results. *The fee balance will be held for 365 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. 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.

MEDIA

Acceleration tracks and publishes its outstanding results via print and video outlets. I grant Acceleration the right to track the progress of training through photography, video, and published documents. Acceleration will not publish any form of performance that does not represent Acceleration or the athlete to the highest standards.

_____/_____

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.

Athlete Signature

Parent/Guardian Signature

Print Name

Print Name

Date

Date