

Athlete/Client Information

Name _____
First
Middle
Last

Address _____
Number & Street
City
State
Zip

Email Address: _____ Date of Birth _____

Home Phone Number _____ Sex: M F

Sport(s) _____ Position _____

Emergency Contact _____ Phone _____

Primary Care Physician _____ Phone _____

Past Medical Health History Information

Health History: It is very important that you provide accurate and complete information about your medical background and current physical condition as the training protocols and procedures recommended will be based on such information. Have you or any immediate family members (mother, father, brothers, sisters, or grandparents) had any of the following: (please check all that apply)

| | Self | Family | | Self | Family |
|--------------|------|--------|-----------------|------|----------------|
| Asthma | () | () | Hypertension | () | () |
| Bronchitis | () | () | Hypotension | () | () |
| Emphysema | () | () | Heart Attack | () | () |
| Pneumonia | () | () | Angina | () | () |
| Pleurisy | () | () | Heart Murmur | () | () |
| Fibrosis | () | () | Rheumatic Fever | () | () |
| Tuberculosis | () | () | Arrhythmia | () | () |
| Dyspnea | () | () | Phlebitis | () | () |
| Heartburn | () | () | Aneurysm | () | () |
| Vertigo | () | () | Thrombosis | () | () |
| Arthritis | () | () | Amenorrhea | () | * Females Only |
| Diabetes | () | () | Pregnancy | () | * Females Only |

Please list any surgeries that you have had performed: (include dates)

Are you currently taking or under any medication? (Please specify)

Has any immediate family member had cardiac or pulmonary problems or surgery?
(Please specify)

Have you ever been advised by a physician to avoid any type of exercise(s)? (Specify)

Have you ever had difficulty breathing? _____

Have you ever experienced fainting or dizzy spells? _____

Do you smoke? _____ If yes, how much? _____

Are you currently participating in a regular sport and/or exercise program? _____

Type and frequency of exercise _____

Is there any other health condition that might limit your participation in any of our
physical exercise programs?

Signature of participant

Date

Parent or Legal Guardian (if under 18)

Date



Informed Consent

PLEASE READ: The accompanying information regards the fitness evaluation protocols, equipment usage and equipment used for physical testing. If you have any questions, please ask your Sports Performance Coach.

1. My participation in the Advantage Sports Performance program is voluntary and I may withdraw at any time from the evaluation or training program. Refunds will not be provided unless approved by the Director of Sports Performance.
2. The testing will be administered by and under the direction of Advantage Sports Performance coaching staff.
3. I understand that precautions will be used during this evaluation/training program to minimize risk of exercise related physical injury resulting from evaluation procedures; equipment usage or training protocols; no medical treatment or monetary compensation will be provided by Advantage Sports Performance. I assume full risk associated with my participation in the training programs.
4. I give permission to Advantage Sports Performance to use my training results or any photos for the purpose of reports, publications or marketing materials such as brochure or website. My identity will not be associated with such reports, publications or marketing materials unless I have given specific permission to do so.
5. I acknowledge that Advantage Sports Performance is relying solely on information provided by me regarding my medical history and physical condition in allowing me to participate in any evaluation or training session. I certify that I have made complete disclosure of my medical history and physical condition and the information provided is true and correct.

Signature of Participant

Date

PARENT OR LEGAL GUARDIAN

The participant is under 18 years of age. I have received the information provided and certify it to be true and correct. I consent to allow _____ to participate in the evaluation and/or training program at Advantage Sports Performance.

Signature of Parent or Legal Guardian of Minor



RULES AND REGULATIONS

1. Participants are required to have an authorized Sports Performance Coach present.
2. You must sign-in each time you use the facility.
3. Please notify a staff member immediately in the event of equipment malfunction or facility related injury.
4. If you have an injury that in any way inhibits a portion of a workout you must bring it to the attention of an Agape staff member. He/she will refer you to the appropriate health care professional.
5. Prior to participation, you must undergo an orientation on the equipment and its proper use, on the common risks involved with training, on the execution of various exercises and on the possible consequences of improper technique.
6. Prior to participation, you must have all the appropriate forms filled out completely and payment for the program must be made in full.
7. Observe training center etiquette and demonstrate courtesy toward others in the vicinity at all times.
8. Absolutely no horseplay! This includes loud offensive language or temper tantrums.
9. Wear proper training attire, particularly shorts, shirts and athletic shoes at all times. Shoes must be properly tied and secure, not loose.
10. No food or drink shall be brought into the facility. Water bottles are acceptable for hydration during the training session.
11. Bring personal towel and water bottle to each session.
12. Show respect for equipment and facility at all times. Do not drop or throw weights or other equipment.
13. Keep equipment off the floor and return to the proper rack when the exercise is complete.
14. Utilize spotters and locks on free weight bars when necessary (ie: overhead lifts, squats, bench press and platform lifts).
15. Advantage Sports Performance is not responsible for holding personal belongings. Athletes should supply their own locks for lockers.
16. Follow all instructions given by Advantage staff members.
- 17. Failure to adhere to any of the above rules and regulations could result in dismissal from the program with no refund.**

I, _____, have read all the rules and regulations and hereby agree to follow them. (Please print)

Signature of Athlete & Parent/Legal Guardian