



Bernard Williams Pro Techniques Training Registration Form

Athlete Name:		Date of Birth:
Parent/Guardian Name:		Sport:
Email:	Phone:	
Home Address:		
School/Organization:		

Training Sessions

Individual Partner Small Group Team

# Sessions:	Price/Session:	Total cost:
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Payment Method

Check [PayPal](#) Cash

Client Agreement

Completed registration form, health history questionnaire, and payment are due before the start of the first session. All cancellations must be made 12-hours prior to the scheduled start time for that training session in order to avoid being charged. Video recording of training sessions is strictly prohibited unless expressed consent has been given by Bernard Williams. All training programs are designed specifically for each individual athlete, and unauthorized distribution and use of training programs is strictly prohibited.

I agree to the terms and conditions listed above.

Signature:

Date:

Health History Questionnaire

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Have you ever been diagnosed with any heart conditions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you currently taking any medications? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you suffer from asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you been diagnosed with diabetes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you had any surgeries in the past 2 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have any muscle or joint pain that affects your ability to participate in physical activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have any other conditions that could limit your ability to safely participate in a strenuous exercise program? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "yes" to any questions above, please explain:

Informed Consent

I understand that I am entering into a physical training program designed to improve my fitness level and performance. I acknowledge that any physical fitness activity has inherent risk of injury and I fully assume that risk.

I understand that it is my responsibility to communicate any changes in my medical history, which can affect my performance during training sessions. I confirm that I have fully read and understand the information on this registration form, and that I have answered each question completely and truthfully.

By signing this form, I voluntarily request to participate in training sessions, clinics and any other specialized programs with Bernard Williams (*Bernard Williams Pro Techniques*) and discharge Bernard Williams (*Bernard Williams Pro Techniques*) of all liability from damages resulting from injury incurred during participation.

This Agreement becomes effective on the date of signature and will remain in force for a period of one year from its effective date. Further, this Agreement remains valid until superseded by a revised agreement mutually endorsed by the participant/guardian. If no new Agreement, modification, or extension has been made within one year of its effective date, the current Agreement will remain in effect on a month-by-month basis until endorsed by the participant/guardian, or six months after the expiration date has elapsed.

Signature of Athlete

Date:

Signature of Guardian

Date:

BERNARD WILLIAMS PRO TECHNIQUES

Parent/Guardian Consent Form

Bernard Williams Pro Techniques acknowledges the need to ensure the welfare and safety of all young people taking part in any activity associated with our organization.

Accordingly we will not permit photographs, video or other images of young people to be taken without the consent of the parents/guardian. Bernard Williams Pro Techniques would like to ask for your consent to take photographs/videos of team, group or individual sessions and or clinics or activity that may contain images of your child. It is likely that these images may be used as

- Publicity material for further activities or events on websites and or other publications
- Illustrations of the activities or events in published articles
- Future grant applications

Bernard Williams Pro Techniques will take all steps to ensure these images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately please inform Bernard Williams Pro Techniques via our [contact us](#) page immediately and we will remove the photo within 36-hours.

I _____ parent / guardian consent to/ do not consent to Bernard Williams Pro Techniques photographing or videoing my child/children for public use on websites and other media outlets/publications.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a request via Bernard Williams Pro Techniques website, [contact us](#) page.

Date: _____