Champion Performance
Training LLC Profile and Release

Name:_____

Parent/Guardian's Name(s):_____

Address:_____

City:_____State_____ZIP_____

Home Phone: (_____)_____Work/Cell Phone: (_____) _____

Email Address:_____

Male Female Age:_____Grade:_____DOB_____

School:_____Coach: _____

Club Team:_____Coach: _____

Specific Area(s) You Are Looking to Improve:

Prioritize Top 3

__ Fitness
__ Weight Loss
__ Confidence
__ Agility
__ Quickness
__ Strength
__ Conditioning
__ Flexibility
__ Balance
__ Stamina
__ Explosiveness
__ Vertical Leap
__ Behavior / Attitude

__ Other

Sports Played Position/Event

Baseball_____
Basketball _____
Field Hockey_____
Football _____
Golf _____
Gymnastics/Cheer_____
Ice Hockey_____
Lacrosse_____
Soccer _____
Softball _____
Swimming _____
Tennis_____
Track & Field _____
Volleyball_____
X-Country _____
Wrestling _____
Other_____

How did you hear about us?

Newspaper Mailer/Flyer Web Radio
Clinic / Camp_____

Coach _____
Friend _____

Other _____

HEALTH HISTORY

Do you currently an injury or have you had any injuries in the last 6 months? Yes No
If So, what?
Date it began: I am still experiencing injury the injury has healed

Have you seen a medical professional for this injury? Yes, No If So, whom?

Did you / are you getting any treatment?

Athletic trainer Physical Therapy Chiropractic Surgery

Please check all of the following that apply to you. Explain all "Yes" answers and include approximate dates:

o Are you currently under a doctor's care?

o Have you ever had surgery?

o Are you currently taking any medications?

o Do you have any allergies?

o Have you ever been dizzy or fainted after/during exercise?

o Have you ever had chest pains after/during exercise?

o Have you ever had high blood pressure?

o Do you have a heart murmur or other heart condition?

o Have you ever had a head injury, been knocked out or unconscious?

o Have you ever had a seizure?

o Have you ever had a stinger, burner, or pinched nerve?

o Do you ever have any trouble breathing during or after exercise?

o Do you have any skin problems (rashes, itching)?

o Do you wear glasses, contacts, or protective eyewear?

o Have you had any problem with your eyes or vision??

o Do you have only one working organ of usually paired organs (eye, kidney, etc)?

o Have you had any other medical problems (asthma, diabetes, etc.)?

o Any special precautions, instructions or medical information to ensure your safety?

Have you ever sprained, broken, dislocated, had repeated pain or swelling of any bones or joints?

Explain all "Yes" answers. Include approximate dates of each.

For and in consideration of the Athlete,_____, for whom I,_____(Name), am the legal guardian of, being accepted into Champion Performance Training, I state and promise as follows: My child is mentally and physically capable of participation in all training. I understand that any evaluation or assessment of my child's physical fitness and any recommendation of activities made by anyone at the facility shall not be a substitute for obtaining such evaluation, assessment or recommendation from my child's physician before participating in any of the training activities. My child's participation is voluntary and I voluntarily permit my child to participate. My child's participation in training is an inherently dangerous activity and that the risk of participation include, but are not limited to, falls, collisions, cuts, broken bones, strains, torn ligaments, concussion and while highly unlikely, possible death. I hereby, for myself, my child, our heirs, administrators, executors, personal representatives and assigns, forever waive, release and discharge any and all rights to claims for damages and losses, whether monetary or otherwise compensatory, that I or my child may have against: (i) Champion Performance Training; (ii) executive directors, owners, managers, officers, employees, members, representatives, and agents; (iii) all coaches, participants, organizers, supervisors, planners, and volunteers; and (iv) all city, county and state governments for any and all injures sustained by me or my child arising out of association with, entry in, or participation in the training and any and all training activities. I understand and agree that medical or other services rendered to my child by or at the insistence of any of the above parties is not an admission of liability to provide or continue to provide any such services and is not a waiver by any said parties of any hereunder. I also acknowledge that should my child require transport to a medical facility, I must pay for such transportation and any treatment period. I further agree now and forever to hold the above named and unnamed parties harmless and indemnify them for all claims, damages, judgments and costs of whatever nature and form. Champion Performance Training recommends that your child be examined by his/her physician before participation in any and all training activities. I hereby approve of my child's participation in training at Champion Performance Training. If my child has a history of heart disease, he/she will consult a physician prior to participating in any training activities. I hereby approve of my child's participation at Champion Performance Training and their training and certify that he or she is in good health and able to participate in any activities. I understand, should an emergency condition arise, an Champion Performance Training representative will make their best effort to contact the above referenced contact person(s) during the physical exam.

Name_____**Date**_____

Parent/Guardian Signature_____