



TAGS Athletic Gym Registration

Athletes Name: _____ DOB: _____

Workout Shirt Size (Adult/Youth-Size): _____

Group:	U11/U13 <input type="checkbox"/> \$1000 + GST	U15 <input type="checkbox"/> \$1400 + GST	U18/Jr <input type="checkbox"/> \$1800 + GST
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Parent Name: _____ Phone #: _____

Email #: _____

Emergency Contact: _____ Relation: _____

Emerg Con #: _____

Payments can be made in 4 different transactions April 30th, May 30th, June 30th, July 30th (Etransfer or Post Dated Cheques to tagsathleticgym@gmail.com or TAGS Athletic Gym)

Method of Payment:	Cheque <input type="checkbox"/>	ETransfer <input type="checkbox"/>	Cash <input type="checkbox"/>
	Post Dated Cheques <input type="checkbox"/>		

TAGS Athletic Gym Liability Waiver

I hereby consent on behalf of myself/my child to participate in the TAGS Athletic Gym workouts/icetimes for the year of 2024 at my/his/her risk. I further consent to TAGS Athletic Gym using any photos taken of me/my son/my daughter at camp for marketing and promotional pictures without charge. I understand and agree that TAGS Athletic Gym, any employees/representatives of TAGS Athletic Gym, or hired by it will not be held responsible for accident, injury, loss, or damage, however caused. I hereby release the said parties from any and all claims, damages, actions, losses, and expenses which may arise as a result of the accident, injury, loss, or damage to myself/my child, notwithstanding that the said injury, loss, or damage may have been caused by or contributed by the negligence of TAGS Athletic Gym, any employees, representatives, and/or any persons hired by it.

I have read and fully understand this waiver.

Parent or Participant Signature

Date (Day/Month/Year)



Section 1: General Health	
Please carefully read and answer the following questions honestly	Circle One
1) Has your doctor ever told you that you have high blood pressure or a heart condition?	Yes / No
2) Do you have or experienced chest pain? While at rest, during daily activities, or during physical activity?	Yes / No
3) Do you lose balance due to dizziness? Have you lost consciousness in the last twelve months? Please answer NO if your dizziness was associated with heavy breathing and/or vigorous physical activity.	Yes / No
4) Have you ever been diagnosed with another chronic medical condition?	Yes / No
5) Are you taking any prescribed medication for medical conditions?	Yes / No
6) Do you have a joint or bone problem that could become worse with physical activity? Please answer NO if you have had these problems in the past, but it does not limit your current physical ability	Yes / No
7) Has your doctor ever told you that you should only do medically supervised physical activity?	Yes / No

If you answered "NO" to all of these questions you are cleared to participate in physical activity

If you answered "YES" to any of the above questions seek physician to get medical clearance and list below in more specific detail.

Additional Comment/Notes



History of Injuries/Imbalances

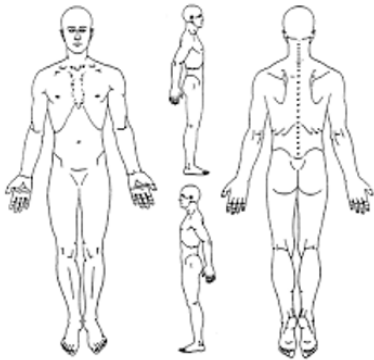
1) Previous severe injuries? (Breaks/Separations/Sprains/Surgeries)

2) Current Aches/Pains or General Tightness/Soreness in specific area lasting longer than a month?

3) What is the Type of Pain? Ex. (Dull, Sharp, Shooting, Pins & Needles, Throbbing, Burning)

3b) What provokes it? Ex. (Certain Movements ,Physical Activity, Jumping, Running, Sprinting, Twisting)

3c) Shade in which parts of the body it affects:



4d) What is the severity of the pain at its worst? (Scale 1-10)

4e) When did it happen OR How long has it been happening for?
