

Full Spectrum Athletic Training: Registration Form

Please complete the following registration and liability form.

Name _____ Date _____

Sport/School/Team _____

Birthdate ____/____/____ Gender _____

Email _____@_____

Address _____

City _____ State _____ Zip _____

Phone # Home (____) _____
Cell (____) _____

Parent (If applicable) _____

Emergency Contact _____

Phone # Home (____) _____

Cell (____) _____

Referred by _____ of office _____

Health History (If yes, please check box)

Medications _____

Asthma

Allergies _____

Family History of Heart Disease Relation _____

Previous Injuries _____

Other _____

Athlete Goals Short term _____

Long term _____

PLEASE CONTINUE TO NEXT PAGE

FSAT Agreement and Release of Liability

1. In consideration of being allowed to participate in an athletic development sports performance programs at Full Spectrum Athletic Training and Conditioning (FSAT) and to use its facilities, equipment and services, in addition to payment of any fee or charge, I do hereby forever waive, release and discharge (FSAT) and their officers, agents, employees, representatives, executors, and all others acting on their behalf from any and all claims or liabilities for injuries or damage to my person and/or property, including those caused by the ordinary negligent act or omission of any of those mentioned or others acting on their behalf, arising out of or connected with my participation in any activities, programs or services of the athletic development programs, or other use of any equipment at various sites, including home, outdoor areas, provided by and/or recommended by Scott Dalchow, LAT, CSCS. I understand that the terms of this release shall not apply to gross negligence, willful or wanton conduct or criminal activity.

2. I have been informed of, understand and am aware that sports skills training and strength, flexibility and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also have been informed of, understand and am aware that skills, fitness and sports performance activities involve a risk of injury, including a remote risk of stroke, heart attack, death or serious disability, and that I am voluntarily participation in these activities and using equipment and machinery with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation or use of equipment or machinery, and do hereby assume all responsibility for my participation in said activities, programs and us of equipment.

4. In the event that any provisions of this agreement should be deemed to be invalid, then and in that event, the remaining terms hereof shall continue to be valid and enforceable between the parties hereto.

Participant's signature _____

If the participant is under the age of 18 years, complete below:

I, participant's parent or legal guardian, hereby consent and affirm the foregoing Release Agreement on behalf of the participant, myself, and participant's family and all other parties stated above. By affirming and consenting to the Release Agreement, it is my intention that terms of the document by and through my consent are as effective as if the participant were an adult rather than a minor.

Date ____ / ____ / 2011

Parent's / Guardian's name (print) _____

Parent's / Guardian's (signature) _____

Print Athlete's Name _____

Full Spectrum Athletic Training
(920) 737-3960