



NAME: _____ DATE: _____
 NAME of Parent if Minor: _____
 DATE OF BIRTH: ____/____/____ AGE: _____ SEX: Male _____ Female _____
 ADDRESS: _____
 CITY, STATE, ZIP: _____
 PHONE: (Cell) _____ (Home) _____ (Work) _____
 E-mail: _____

BILLING ADDRESS ☐ Same as above

Name: ☐ Same as above or _____
 ADDRESS: _____
 CITY, STATE, ZIP: _____
 E-Mail _____

EMERGENCY CONTACT:

1) _____ Relationship: _____ PHONE: _____
 2) _____ Relationship: _____ PHONE: _____
 EMPLOYER: Optional _____ PHONE: _____
 PHYSICIAN: Optional: _____ PHONE: _____

HEALTH HISTORY: ☐ **No health history: very healthy or see below**

Please let us know of any conditions we need to be aware of (ie: Heart conditions, Asthma, Diabetes, orthopedic problems and or surgeries (date and type), pregnancy, etc.....) **Parent/Guardians Initials** _____

List all Medications	List all Supplements

I want to sign up for: Monthly...gym membership \$50 ☐ **Student**...\$35/per month \$ _____

Performance Training

- ☐ Performance Training \$ _____
 ○ 3-5x/week: \$200/month
 ○ 1-2x/week: \$150/month
- ☐ Youth Performance Training (1-2x/week) \$125 \$ _____
- ☐ Adult Fitness (1-5x/week) \$100/month \$ _____
- ☐ Team Training: Name of Team _____ \$ _____

TOTAL: _____

GOALS AND INTERESTS

What goals would you like to accomplish at the center?

What goals would you like to accomplish in athletics?

Athletes often train for two reasons 1) FUNCTIONAL to improve athletic performance and increase athletic ability and skills and/or 2) VISUAL to change their appearance. Visual goals range from gaining or losing weight to increasing muscularity.

Please indicate the percentage of importance of each. For example, a basketball player that is very interested in improving strength and speed, and also interested in losing weight may be 60% functional and 40% visual. An athlete only wanting to improve strength or speed would be 100% functional.

Functional ____% Visual ____%:explain:_____

What sport or activity are you training for?_____

What Position or Event?_____

What team are you affiliated with?_____

Who is your Coach? (include name and phone number)_____

What part of the year are your sport/activities “in season?”

Have you done sports training before (speed or weight training)? Yes or no.
If so, when was the last time?

Please rank the following in order of importance to improve. 1-10, 1 being primary focus.

__Strength __Speed __Explosive Power __Flexibility __Endurance

__Strength Endurance __Agility __Quickness __Other:_____

From a Functional standpoint, I will be satisfied when...



Honor Code

The following guidelines have been created to help you enjoy your experience at Results Training Center. Please abide by this honor code. We take it very seriously.

- All Athletes must arrive on time for scheduled training sessions. Any athlete arriving more than 10 minutes after a scheduled training time will forfeit that session. Athletes must abide by the training policies set forth in each program.
- Taunting, violence, fighting, horseplay, and other inappropriate conduct is prohibited
- You may only use the machines and weights that are listed on your workout.
- Please use a towel to wipe off all equipment after each use.
- Please re-rack all weights and replace all equipment when you are finished using it.
- The phone is available for local calls to establish a ride in emergencies. Please ask the front office coordinator to use the phone.
- Cigarettes and tobacco products, alcohol, illegal substances of any kind, and weapons are unequivocally prohibited anywhere on or near the premises.
- Use of illegal or banned substances is strictly prohibited and any use must be confidentially reported to the performance coach as they are a tremendous health risk. Use of any legal substance or performance enhancing nutrients must be discussed with the performance coach, as they often pose potential health risks, and may influence your training.

Thank you and Welcome,

Results Training Center: Kyle Yamashiro, Tony Mikla

I understand and agree to uphold the honor code of the Results Training Center.

Athlete Signature _____ Date _____

Parent/Guardian
Signature _____ Date _____

WAIVER AND RELEASE OF LIABILITY

VOLUNTARY ENROLLMENT

I, _____, the undersigned participant or parent/guardian ("releaser"), acknowledge that I have voluntarily enrolled myself and/or child _____ (Individually or collectively the "participant") in a program of strenuous physical activity, which may include, but not limited to, such activities as weight training, aerobic machinery exercises, sport-specific drill work and agility/speed training (the training program) offered at Results Physical Therapy and Training Center (RPT).

ASSUMPTION OF RISK

Participant is aware that the training program and /or use of RPT facilities may involve activities that may be considered strenuous. Participant understands that it is his/her responsibility to obtain a physical examination from a medical doctor to determine his/her present medical condition prior to beginning the training program or activity. By placing my initials below, Participant hereby agrees to accept any and all risk of injury, including death to Participant relating to the training program or use of RPT facilities.

_____ Initials

RELEASE

As consideration for being permitted by RPT to participate in the training program and use of facilities, I hereby agree that I, my assignees, heirs, distributees, guardians, and legal representatives or my enrolled child or such enrolled child's assignees, heirs, distributees, guardians, and legal representatives, will not make a claim against, sue, or attach the property of RPT and any of its affiliated organizations for injury or damage resulting from negligence or other acts, howsoever caused, by any employee, agent, or contractor of RPT or any of its affiliated organizations as a result of participation in any of the training program. I hereby release RPT and any of its organizations, its employees, and agents of all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, and legal representatives, or that of my enrolled child or such enrolled child's assignees, heirs, distributees, guardians, and legal representatives, now have or may hereafter have injury or damage resulting from my or my enrolled child's participation in any of RPT programs.

I further understand that RPT does not manufacture any of the equipment on its premises, but purchases and/or leases the equipment from third parties. As such, I understand and acknowledge that RPT is providing recreational services and may not be held liable for defective products.

_____ Initials

COMPLIANCE WITH RULES

Participant agrees that he/she will abide by all rules and regulations regarding any of the programs that may be established by RPT or its agents. Participant understands and agrees that if RPT or any of its agents determines the participant has violated any of the RPT rules or regulations, participant may immediately be discharged from any of the programs and RPT facilities without a reimbursement for any payment to RPT.

_____ Initials

TALENT RELEASE

I consent without further consideration or compensation to the use (full or in part) of all videotapes, still photographs, and statistics taken of me or by me in whole or in part by RPT for the purposes of illustration, broadcast, or distribution in any manner. RPT will follow the NCAA guidelines in the promotion of a business by a active student-athlete.

_____ Initials

KNOWING AND VOLUNTARY EXECUTION

Participant has carefully read this agreement and fully understands its contents. Participant is aware that this is a release of liability and constitutes a contract between participant and RPT and/or its affiliated organizations and executes it voluntarily. This constitutes the entire agreement between participant and RPT regarding the subjects contained in this agreement, including assumption of risk, release of liability, and compliance with RPT rules and regulations. This agreement may only be amended in writing, signed by participant and an executive officer of RPT.

Signature of Participant

Print Name

Date

Signature of Parent/Guardian

Print Name

Date