



Athlete Information

Athlete's Name: _____ Twitter ID: _____

Date of birth: _____ Age: _____

Email address: _____ Athlete's Phone: _____

Home Address: _____

Mother's Name: _____ Father's Name: _____

Mother's Email: _____ Father's Email: _____

Mother's Phone: _____ Father's Phone: _____

School: _____

#1 Sport/Team/Position: _____

#2 Sport/Team/Position: _____

How did you hear about PerformFit? (Please check all that apply)

__ Friend/Teammate (name) _____

__ Internet

__ Facebook

__ Coach (name) _____

__ Email

__ Twitter

__ Event (name) _____

__ Radio/TV

__ Print Ad

Medical Information

Do you have, or have you ever had, any of the following conditions? If so, Please check the blank and state the year:

Injury: Please check those that apply and list diagnosis and year of injury.

<input type="checkbox"/> Concussions (s) _____	<input type="checkbox"/> Hip injury _____
<input type="checkbox"/> Neck injury _____	<input type="checkbox"/> Knee injury _____
<input type="checkbox"/> Shoulder injury _____	<input type="checkbox"/> Leg injury/shin splints _____
<input type="checkbox"/> Elbow injury _____	<input type="checkbox"/> Ankle injury _____
<input type="checkbox"/> Arm/wrist/hand injury _____	<input type="checkbox"/> Foot injury _____
<input type="checkbox"/> Back injury _____	<input type="checkbox"/> Muscle strain (pull) _____
<input type="checkbox"/> Arthritis _____	<input type="checkbox"/> Tendon injury _____
<input type="checkbox"/> Arthroscopy? Specify joint _____	
<input type="checkbox"/> Injury to any part not mentioned? _____	

Chronic Illness or Condition: Please check those that apply and list year of diagnosis.

<input type="checkbox"/> Frequent headaches (requiring treatment) _____	<input type="checkbox"/> Seizures _____
<input type="checkbox"/> Heart irregularity/palpitations _____	<input type="checkbox"/> Diabetes _____
<input type="checkbox"/> Pain in your chest during physical activity _____	<input type="checkbox"/> High Blood Pressure _____
<input type="checkbox"/> Stroke _____	<input type="checkbox"/> Shortness of breath with exercise _____
<input type="checkbox"/> Dizziness/ lightheadedness _____	<input type="checkbox"/> Cancer _____
<input type="checkbox"/> Allergies: Please list: _____	
<input type="checkbox"/> Asthma/ Do you require an inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Surgery? If so, what? _____	
<input type="checkbox"/> Anything not mentioned? _____	
<input type="checkbox"/> Prescription medications that may affect your ability to exercise. Please list: _____	

If you answered "yes" to any of the above questions, please consult your doctor before beginning our PerformFit/Athletic Republic Cockeysville exercise programs.

Signature: _____ **Date:** _____

Damage to Facilities

The participant and/or the responsible party agree to pay for any damage the participant may cause to the facility or other PerformFit/Athletic Republic-Cockeysville property.

Waiver and Release

I acknowledge and agree that by signing this document, I declare that I have no known medical problems that would preclude my participation in the program and the information provided to PerformFit/Athletic Republic – Cockeysville regarding my medical history and physical condition is, to the best of my knowledge, true and correct. My participation in the PerformFit/Athletic Republic – Cockeysville program is voluntary and I assume all risk of injury or contraction of any illness or medical condition that may result, or the aggravation of pre-existing medical condition I may have, or any damage, loss or theft of any personal property resulting or arising out of my participation in the program. I understand and acknowledge that PerformFit/Athletic Republic – Cockeysville has no expertise in diagnosing, examining, or treating any medical condition, whether existing or incurred as a result of my participation in the PerformFit/Athletic Republic – Cockeysville program. I understand and acknowledge that PerformFit/Athletic Republic – Cockeysville has made no guarantee of success or improvement as a result of my participation in the program.

I hereby, on behalf of myself, personal representatives, heirs, executors, administrators, agents and assigns, forever release and discharge PerformFit/Athletic Republic – Cockeysville, and its affiliates/ and their respective affiliates, employees, agents, representatives, successors, and assigns from any and all claims or causes of action (known or unknown) that I may now have or will have in the future arising out of or related to my enrollment in the program or the services provided to me. This waiver and release of liability includes, but is not limited to, injuries that result from (a) use of any exercise equipment or facilities provided by PerformFit/Athletic Republic – Cockeysville, (b) use of any exercise equipment or facilities which may malfunction, and (c) any injuries which occur because of slipping and falling while on PerformFit/Athletic Republic – Cockeysville premises or equipment. **I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A COMPLETE RELEASE OF LIABILITY, THAT I HEREBY WAIVE ANY RIGHT THAT I MAY NOW HAVE OR WILL HAVE TO BRING ANY LEGAL ACTION AGAINST PerformFit/ ATHLETIC REPUBLIC – COCKEYSVILLE, ITS EMPLOYEES, AGENTS, SUCCESSORS OR ASSIGNS, FOR ANY LIABILITIES THAT MAY RESULT, WHETHER DIRECTLY OR INDIRECTLY, FROM PerformFit/ ATHLETIC REPUBLIC – COCKEYSVILLE NEGLIGENCE.**

Miscellaneous

The provisions in this document are severable and if any provision is determined to be illegal or unenforceable, the remaining provisions and any partially enforceable provisions shall nevertheless be enforceable unless otherwise prohibited by the laws of the state of Maryland. PerformFit/Athletic Republic – Cockeysville failure to enforce any remedy or provision of the document shall not be construed as a waiver of such remedy or provision.

Cancellation Policy

- a) If program is cancelled more than 30 days prior to start date, a full refund will be issued.
- b) If program is cancelled 1-30 days prior to start date, a \$100 reservation and administration fee will be retained by PerformFit/Athletic Republic – Cockeysville.
- c) There is no refund once the program has started unless an injury or a medical doctor excused illness.
- d) **Cancellation of sessions during the program must be made with at least 24 hours notification. Failure to do so will result in a forfeiture of those sessions.**

Signature: _____ **Date:** _____