



## Athlete Registration & Release Form

Please fill out COMPLETELY and return to ESPC or Coach!

\* = Required fields

Name\*: \_\_\_\_\_ Date of Birth\*: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Telephone\*: \_\_\_\_\_

City, State, Zip\*: \_\_\_\_\_ Cellular Telephone: \_\_\_\_\_

EMAIL\*: \_\_\_\_\_ Sport(s)\*: \_\_\_\_\_

How did you hear about us?\* \_\_\_\_\_

Emergency Contact Person\*: \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency Contact Telephone number(s)\*: \_\_\_\_\_

### Physical Data (List & Date occurrence)\*

Medications: \_\_\_\_\_ Allergies: \_\_\_\_\_

In the Last Year - Past Surgeries: \_\_\_\_\_ Fractures: \_\_\_\_\_

Other Traumas/Illnesses/Conditions: \_\_\_\_\_

### Informed Consent for Exercise Participation

I desire to engage voluntarily in Everett Physical Therapy & Sports Performance Center's exercise program in order to improve my physical fitness. I understand that the activities are designed to place an increasing workload on the cardio-respiratory, skeletal and neuromuscular systems and thereby improve their function. The reaction of the above mentioned systems to our training designs cannot be predicted with complete accuracy. There is a risk of certain changes that may occur during or following our exercise programs. These changes include, but are not limited to, abnormalities of blood pressure, heart rate, increases stress to joints and spine and muscle soreness.

I understand that the purpose of this exercise program is to develop and maintain cardio respiratory fitness, body composition, flexibility, muscular strength and endurance. A specific exercise plan will be given to me, based on my goals and/or my doctor's recommendations. Our training programs will include a cardio warm-up, dynamic flexibility, strength/power training, agility, speed, balance and core training. All programs are designed to place an increasing workload on the body in order to improve health, fitness and/or sports performance.

I understand that I am responsible for monitoring my own condition throughout the exercise program and should any unusual symptoms occur, I will stop my participation and inform the staff of the symptoms.

In the event that a medical clearance form must be obtained prior to my participation in the exercise program, I agree to consult my physician and obtain written permission from my physician prior to the commencement of any exercise program.

Also, in consideration for being allowed to participate in the exercise program, I agree to assume the risk of such exercise, and further agree to not hold Everett Physical Therapy & Sports Performance Center and its staff members conducting the exercise program responsible for any and all claims, suits, losses or related causes of action for damages, including, but not limited to, such claims that may result from my injury or death, accidental or otherwise, during, or arising in any way from the exercise program.

In signing this form, I affirm that I have read, been informed of, and signed all other necessary documents regarding touring, program trialing, membership, rules and regulations, terms and conditions, and the exercise program itself in their entirety. I also affirm that my questions regarding the exercise program have been answered to my satisfaction. I also understand that the ownership and all affiliated staff hold the right to revoke membership for center misuse and failure to comply with all terms, conditions, rules, and regulations.

Signature of Participant/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Circle one: ADP APF CAMP/TEAM CLINIC TOUR

Everett Sports Performance Center · 1502 Hewitt Avenue · Everett, WA · 98201

[www.everettpt.com](http://www.everettpt.com) · 425-512-0671