

**PROFESSIONAL ATHLETIC PERFORMANCE CENTER**  
**ATHLETE REGISTRATION**

Office Use Only:

**ATHLETE INFORMATION**

\_\_\_ Trial \_\_\_ Youth \_\_\_ Beg Pro \_\_\_ Pro

Name of Athlete: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address \_\_\_\_\_

Do you wish to receive emails regarding classes, specials and events offered at the PAPC: **YES** or **NO**

School Name: \_\_\_\_\_

Sport: \_\_\_\_\_ Team Name: \_\_\_\_\_ Coach: \_\_\_\_\_

Emergency Contact Name and Number: \_\_\_\_\_

How did you hear about the Performance Center? \_\_\_\_\_

Do you give permission for us to release your program results to your coaches: **YES** or **NO**

**PARENT/GUARDIAN INFORMATION**

Name of Parent / Legal Guardian: \_\_\_\_\_

Phone Number of Guardian: \_\_\_\_\_ Work Number \_\_\_\_\_

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**Terms of Agreement**

**Refund Policy**

If within the first week, for any reason you would like to discontinue your package at the performance center, the money for the remaining sessions of the package will be refunded to you. You may only get a refund for the remaining sessions during the first week of the program.

\_\_\_\_\_  
Initial

**Attendance Policy**

At Professional Athletic Performance Center we believe training three times per week will have optimal benefits for out of season athletes. In season athletes will benefit most from training two times per week. **Missed classes cannot be made up, due to our new unlimited classes being offered.** Flexibility will be allowed for extreme cases.

\_\_\_\_\_  
Initial

**Cancellation Policy**

If you are unable to attend a session, you may cancel your session online within 24 hours, or contact our office to speak with a performance coach.

\_\_\_\_\_  
Initial

\_\_\_\_\_  
Signature of Athlete/Guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



## Waiver, Release, Assumption of Risk And Indemnity Agreement (“Agreement”)

This Agreement is executed on the date written below by the undersigned for themselves and/or as the lawful parent or guardian of a minor (“Minor”) (collectively referred to as the “Participant”).

In consideration of being allowed to participate in a program of instruction, physical training and exercise (“Instructional Training”) under the direction of PROFESSIONAL ATHLETIC PERFORMANCE CENTER (“PAPC”), which Instructional Training will include, but may not be limited to, weight and/or resistance training and speed/ agility training, Participant for him/herself (and, if applicable, on behalf of the minor named, below) and on behalf of Participant’s heirs, executors, administrators and assigns, certifies that he/she has read, understands and agrees to the terms of each of the following provisions:

1. Participant acknowledges that Instructional Training may be difficult and strenuous and that no warranties or representations have been made by PAPC to Participant with regard to results, as same may vary among participants.
2. Participant represents and warrants to PAPC that Participant is in good health and suffers from no physical or other impairment that might prohibit participation in Instructional Training.
3. Participant acknowledges that participation in Instructional Training entails known and unknown risks that could result in physical injury, permanent disability, and death (“Risks”).
4. Participant hereby expressly agrees to: (i) voluntarily participate (or, if applicable, allow the Minor identified below, to so participate) in Instructional Training, despite the Risks; and (ii) accept and assume all such Risks related to Instructional Training.
5. Participant hereby releases, waives, discharges and covenants not to sue PAPC, its members, officers, directors, employees and agents, and their respective heirs, executors, administrators successors and assigns (the “Releasees”), with respect to any and all actions, causes of action, claims, demands, liabilities, losses, costs (including attorneys fees) or damages (collectively, “Losses”) resulting from or related to my participation (or, if applicable, the participation of the Minor named, below) in Instructional Training, including, without limitation, Losses arising from the actual or alleged negligent acts or omissions of Releasees. Participant further agrees, to indemnify and hold Releasees harmless from any Losses in the event that any lawsuit is commenced or threatened against them or any one of them.
6. Participant agrees that this Agreement shall be governed by the laws of the State of New York and is intended to be as broad as inclusive as is permitted by law and in the event that any provision of this Agreement is determined to be invalid or unenforceable for any reason, the balance of the Agreement shall not be affected or impaired in any way and shall continue in full legal force and effect.

I ACKNOWLEDGE THAT (i) I HAVE READ AND FULLY UNDERSTAND THIS AGREEMENT; (ii) BY SIGNING THIS AGREEMENT I AM WAIVING AND RELEASING CERTAIN LEGAL RIGHTS; AND (iii) I AM SIGNING THIS DOCUMENT FREELY AND VOLUNTARILY.

Participant Name (Print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

If Participant is a Minor (under age 18), Name of Parent/Legal Guardian (Print): \_\_\_\_\_

Address \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Participant or Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



**Professional Athletic Performance Center**  
**Medical and Fitness History**

Name \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Family Physician \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Diabetes        | <input type="checkbox"/> Heart Problem             |
| <input type="checkbox"/> Hernia          | <input type="checkbox"/> Epilepsy or Seizure       |
| <input type="checkbox"/> Asthma          | <input type="checkbox"/> Osgood-Schlatter Syndrome |
| <input type="checkbox"/> Foot Orthotics  | <input type="checkbox"/> Ankle/Foot Injury         |
| <input type="checkbox"/> Knee Injury     | <input type="checkbox"/> Back Injury               |
| <input type="checkbox"/> Shoulder Injury | <input type="checkbox"/> Elbow/Hand Injury         |
| <input type="checkbox"/> Neck Injury     |  |

Do you now have or have you ever had any of the above?  **NO**  **YES** if yes please explain

\_\_\_\_\_  
\_\_\_\_\_

List any other information that we should be aware of before you begin an exercise program.

\_\_\_\_\_  
\_\_\_\_\_

Are you currently taking any prescription or non prescription medications?  **NO**  **YES** Please List.

\_\_\_\_\_  
\_\_\_\_\_

Please list any dietary supplements you are taking. \_\_\_\_\_

\_\_\_\_\_

Please list date of last physical exam. \_\_\_\_\_

Briefly state your goals and areas of improvement that you would like to gain from our program:

\_\_\_\_\_  
\_\_\_\_\_

Are there any health conditions that might limit you participation when training?

\_\_\_\_\_

**Signature of Athlete/Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_



## Release for Use of Video, Photographs, and General Likeness

KNOW ALL MEN AND WOMEN BY THESE PRESENTS, that I, (name of athlete)

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Residing at (address) \_\_\_\_\_

Do hereby give my permission to Professional Orthopedic & Sports Physical Therapy/Professional Athletic Performance Center for the use of my likeness in video, photographs and any other form of media . I further understand that there will not be any type of remuneration paid or given to me.

I do hereby release and forever discharge Professional Orthopedic & Sports Physical Therapy/Professional Athletic Performance Center, and its officers, directors, agents, employees, successors and assigns, of and from any and all manner of actions, causes of action, suits, proceedings, accounts, controversies, agreements, promises, damages, judgments, executions, claims and demands whatsoever, in law or in equity which against them or any them I ever had.

I do certify that I have read the foregoing, or have had it read to me, and that I fully understand its contents and significance, and that I have signed this release voluntarily, without recourse or promise of any kind.

IN WITNESS WHEREOF, I have set my hand and seal,

Date \_\_\_\_\_

\_\_\_\_\_  
Signature –  
Or Parent or Legal Guardian of the Above If a Minor

SIGNED AND DELIVERED IN THE  
PRESENCE OF:

Dean Maddalone PTA, CSCS, USAW  
Director  
Strength and Conditioning Coach