



Elite Performance Enhancement Programs

"Helping Athletes Reach Their Peak Potential"

PAST MEDICAL HISTORY

Name: _____ School: _____ Grade: _____

Address: _____

E-Mail Address: _____

Home Phone: _____ Other Phone (Work/Cell): _____

Date of Birth: _____ Parent/Legal Guardian: _____

Emergency Contact Person: _____ Phone: _____
Relationship: _____

Family/Primary Care Physician: _____ Phone: _____

I. Specific Medical Questions

Have you ever been diagnosed with any significant medical condition (i.e. – diabetes, high blood pressure, seizure disorders, asthma, any cardiac conditions, etc)? YES NO
If YES, please explain below and detail your current medical treatment(s).

Have you ever had a significant orthopedic injury (i.e. – ligament sprain, fractured bone, dislocated joint, chronic sprain/strains, etc)? YES NO
If YES, please detail the injury below.

Have you ever required orthopedic surgery or physical therapy because of orthopedic injury or other medical condition? YES NO
If YES, please detail the surgery/rehab below.

Do you currently have any joint or muscle pain with any physical activity such as running, throwing or lifting weights? YES NO

If YES, please detail your symptoms below.

II. Allergies/Medications/General Medical Questions

Do you have any allergies? Please list: (include bee stings, medications, etc...)

Do you have asthma? YES NO

If YES, describe current treatments.

Have you ever been restricted from participating in athletics for any reason?

If YES, describe below.

Has anyone in your family died suddenly at a young age (<35 years old) or been diagnosed with an abnormally thickened heart or Marfan's Syndrome?

If YES, describe below.

By signing below, I testify that all information I have divulged is accurate and a complete review of my medical history.

Participant Signature

Parent/Guardian Signature



ELITE PERFORMANCE
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Informed Consent/Waiver of Liability & Financial Policy Statement

INFORMED CONSENT

You understand that you will be undertaking a specific exercise activity program that will be conducted 2-3 days a week for several consecutive weeks. Each training period will last 60-90 minutes, due to the instructor's discretion. The initial session consists of a musculoskeletal screen of current physical abilities and health status to determine ability to participate, screen for existing injuries, evaluate any potential for injury during the course of the training and establish baseline measurements for the training progression. The initial session will consist of a musculoskeletal screen, exercise history questionnaire, posture and standing alignment, joint stability tests, muscle strength, power and endurance tests, and sprint/agility/jumping tests.

You will then participate in supervised group training sessions consisting of various types of speed and agility development, core/upper/lower extremity strength, stabilization, and power activities.

Prior to undertaking any exercise program it is recommended that a medical examination be conducted by a licensed primary care or sports medicine physician, especially if you have not had one in a year or more. Based on your individual health history and present physical condition a physician's release may be necessary to begin this program if you do not have a regular physician you can choose one from our physician directory. You may consent to begin this program without a physician's approval by signing the statement at the end of this disclosure. We reserve the right to deny your participation if we feel it would exacerbate any current condition or put you at high risk for injury, based on history, the results of the evaluation or problems that arise during the course of the training. Please see the Financial Policy Statement regarding the financial aspects of termination during the course of training.

By signing this document, you clearly understand: 1. The musculoskeletal screening and testing procedures and that a specific course of physical activity will be implemented to achieve the results desired, 2. That there exists innate possibility of injury or other certain changes occurring during and after the musculoskeletal screen and subsequent sessions. These changes include, but are not limited to: Abnormal blood pressure, disorder of heart beat, fainting, heart attack, muscle cramping/soreness, light headedness, muscle sprains/strains, and other associated risks of injury while using the equipment, 3. That you give your full consent to begin this program under the supervision and guidance of professional trainer(s) provided by Elite Performance Enhancement Programs.

LIABILITY RELEASE

By signing this document, you 1. Explicitly represent that you are in good health are capable of full participation in rigorous physical activity; 2. Agree to assume all risk of personal injury (including death) occurring or sustained by you while traveling to, attending, or participating in the study or practice of a physical activity program, or any instruction or activities associated with your study, participation or practice; and 3. Acting for yourself, your heirs, personal representatives, and assigns, you release Elite Performance Enhancement Programs, any of its instructors, trainers, supervisors, physicians or any other person associated with Elite Performance Enhancement Programs from any loss or liability whatsoever for any accident or injury, fatal or otherwise, which may result directly or indirectly from your involvement with Elite Performance Enhancement Programs.

FINANCIAL POLICY

It is the expressed policy of Elite Performance Enhancement Programs that payment arrangements for participation in this program be made at the time of signing this document. If, during the course of your participation in this program you must terminate due to injury, illness, or family emergency, with written documentation from a licensed physician that you can no longer participate at this time, the you may participate in the next available program when you are cleared by a medical physician to do so, beginning at the first session missed as a result of the reason for termination.

If it is determined that you can no longer participate in any future programs you will receive a prorated refund in the form of a gift certificate against sessions not already attended prior to the reason for termination. Missed sessions due to non-medical reasons will be made up during the next available program, as available and will be limited to 3 sessions.

Please check one of the below:

- I consent to begin this program with medical examination and physician approval.
- I consent to begin this program without medical examination and physician approval.
- I am under the age of 18 and my parent/legal guardian is present at the time of this agreement reading and signing.

I have read and fully understand the above information and give my full consent to enter into this program. I have been give clear opportunity to ask questions which have been answered to my satisfaction.

Participant	Date
Legal Guardian	Date