

Athlete Information

Last Name: _____ First Name: _____ MI _____
 Birth Date: ___/___/___ Age: _____ Gender M or F Height _____ Weight _____
 Permanent Address: _____ City: _____
 St: _____ Zip Code: _____ Home Phone: (____) _____ Cell(s)(____) _____
 How did you find us? _____
 Have you ever trained with us? When? _____
 EMERGENCY CONTACT: _____ EMER. PH# _____
 FATHERS FULL NAME: _____ WORK PH# _____
 FATHER'S ADDRESS IF DIFFERENT _____
 MOTHER'S FULL NAME: _____ WORK PH# _____
 MOTHER'S ADDRESS IF DIFFERENT _____
 Athlete Email: _____ Parent Email: _____

Sport			
School/Association			
Grade Level			
Position			
Coach			

_____ I give permission to send these results to my coach.
 _____ I do not give permission to send these results to my coach.

Payment Information:

A) Program Cost: _____ \$ _____

*Workouts must be paid for prior to each training session.

B) I would like to purchase additional clothing items \$ _____

C) Total Payment \$ _____

D) Payment Method: () Check () Visa/Mastercard

I understand that I am responsible for fulfilling the above payment agreements set forth by Athletic Republic Vernon Hills.

Date _____

Signature of Athlete of Parent _____

MEDICAL HISTORY SURVEY

1. Do you have now or have you had in the past, problems with (check yes or no for each area listed):

	YES	NO
Headaches Requiring Treatment		
Heart		
Breathing (i.e. asthma)		
Abdominal Pain		
Dizzy Spells / Fainting		
Black Outs		
Eyes (except glasses)		
Hearing or Ears		
Arthritis		
Joint Pain or Swelling		
Knees (i.e. injury, giving out, swelling)		
Spine (Back or Neck)		
Broken Bones		
Kidneys		
Bladder		
Diabetes		
High Blood Pressure		
Cancer		
Operations or Surgery		
Varicose Veins		
Skin Disorders		
Other Major Injuries		
Drug Allergies		
Eating Disorder		
Allergies		
Numbness or Tingling in Arms, Hands, Legs or Feet		
Skin Rashes		

2. Have you had any problems with the following muscle, tendon, bone or joint areas (check yes or no for each area listed):

	YES	NO
Head		
Neck		
Back		
Chest		
Shoulder		
Upper Arm		
Elbow		
Forearm		
Wrist		
Hand		

	YES	NO
Fingers		
Hip		
Thigh		
Knee		
Shin		
Calf		
Ankle		
Foot		
Toes		

3. If you answered YES to any of item in questions 1 or 2, please provide details:

4. What physical activities have you been doing in the last two months?

5. Have you ever been knocked unconscious and/or had a seizure? _____

If yes, please provide details: _____

6. Have you ever had a cervical spine injury? _____

If yes, please provide details: _____

7. Are you under a physicians care at the present time? _____

If yes, please provide details: _____

8. Are you taking any medications or drugs at the present time? _____

If yes, please provide details: _____

9. Are you taking any supplements at the current time? _____

If yes, please provide details: _____

10. Do you have a permanent handicap or disability? _____

If yes, please provide details: _____

11. Have you ever had any problems during or after exercise such as passing out, dizziness or chest pains? _____

If yes, please provide details: _____

12. Have you ever become ill from exercising in the heat? _____

If yes, please provide details: _____

13. Please provide any other pertinent information not asked on this form.



POLICY FORM

Training Fees

Training fee advance deposits are necessary before scheduling any pretests and evaluations. These are non-refundable.

Athletic Republic™ Programs are non-transferable and are designed to be completed in 6-8 weeks in order to achieve optimal results. The fee balance will be held for 80 days from the start of the first workout. If after this time, training has not been completed, the remainder of your account will be forfeited.

Refunds

Training fees paid in full prior to any pre-test and evaluation will be subject to a cancellation fee of \$75.00.

No refunds will be given once an athlete starts a Athletic Republic™ Program. If an athlete is unable to complete the training, due to an injury that occurred outside the Athletic Republic™ Program or other relevant circumstances that will not permit the athlete to finish, the remaining credit minus the cancellation fee of \$75.00 will be kept on account for no longer than one year from the start of the first workout. If after this time the athlete has not used his/her credit the remaining amount will than be forfeited.

If at any time an individual is unable to complete a performance training program due to an injury sustained during actual Athletic Republic™ Program component training, the prorated balance of their training fee may be refunded or maintained on account until the individual is able to complete their training.

Cash refunds will not be given. Individuals granted refunds will receive a credit for the amount paid, which may be used towards the purchase of other Athletic Republic™ Program services.

Scheduled Appointments

Any individual failing to show for a scheduled Athletic Republic™ Program session appointment will forfeit a paid session.

Cancellations are to be made one day in advance. Athletes canceling on the day of their appointment will be charged for that session. Early cancellations will lessen the possibility that you will have to forfeit a paid session.

Any athlete that is 5 to 15 minutes late for a scheduled appointment will receive a modified training session to fit the remaining time of the session. If the individual is over 15 minutes late for an appointment, they will forfeit that session.

I understand this Policy Form and it's conditions. *If under 18 parent or guardian must sign as well

Client Signature Date

Parent/Guardian Date

Print Name

Print Name

Address

Address



RELEASE OF ALL CLAIMS, WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT

ACKNOWLEDGEMENT OF RISK AND DANGER AND ASSUMPTION OF RISK

I understand and am aware that the use of the Athletic Republic™ Program facilities and equipment has inherent and unanticipated and unknown risks and dangers that may cause injuries or death. I expressly assume all risk or injury or death that may be sustained during my use of the facilities and equipment, its officers, director, agents and employees, defects in the facilities and equipment, the negligence of others and my own negligence or misuse.

_____/_____/_____ Initial - If minor, parent/guardian/conservator also initial.

RELEASE, COVENANT AND PROMISE NOT TO SUE

In consideration of being permitted to use the Athletic Republic™ Program facilities, services and equipment, I hereby release, acquit and discharge this facility, its successors and assigns, and its offices, directors, agents, and employees of and from all claims and liability of any kind which agree that I will not sue or commence any action of any kind against Athletic Republic™ Program, its successors and assigns and its officers, directors, agents, or employees.

_____/_____/_____ Initial - If minor, parent/guardian/conservator also initial.

INDEMNIFICATION AGREEMENT

In consideration of being permitted to use the Athletic Republic™ Program facilities, services, and equipment, I agree to indemnify and hold harmless this facility, its successors and assigns, and its officers, directors, agents, and employees of and from any claims, demands, liability, or judgments arising out of my use of the Athletic Republic™ facilities and equipment.

_____/_____/_____ Initial - If minor, parent/guardian/conservator also initial.

PARENT/GUARDIAN/CONSERVATOR INDEMNIFICATION AGREEMENT

In consideration of my child/ward being permitted to use the Athletic Republic™ Program facilities and equipment I agree to indemnify and hold harmless this facility, its successors and assigns, and its officers, directors, agents and employees of and from any claims, demands, liability, or judgments made by or on behalf of my child/ward arising out of or during my child/ward's use of the Athletic Republic™ Program facilities and equipment.

_____/_____/_____ Initial

Client:

Parent/Guardian:

Signature

Date

Signature

Date

Print Name

Print Name

Address

Address



INFORMED CONSENT

My participation in the Athletic Republic™ Program is voluntary and I may withdraw from the evaluation or program at any time. The benefits associated with my participation include information regarding my personal state of fitness and the increase of my physiological knowledge.

I HEREBY CONSENT TO and PERMIT the Athletic Republic™ Program staff to use my testing data obtained in report or publications, but my identity will not be associated with such reports unless I have given specific permission to do so. This includes any video and photographs that may be filmed during training.

I understand that these evaluation(s) and program participation should not result in physical injury to me. However, I acknowledge the following:

In the event of physical injury resulting from the evaluation procedures, equipment usage of equipment testing, initial first aid will be provided. If further medical attention is needed I must look to my own health insurance policies for further medical assistance.

I understand the Athletic Republic™ Program staff is relying on all information provided by me regarding my medical history and condition before allowing me to participate in any evaluation or training program. I certify the information to be true and correct.

Client Signature
(if Client is a minor)

Parent/Guardian/Conservator Signature

PERMISSION TO PROVIDE MEDICAL TREATMENT AGREEMENT

I HEREBY give permission for my son/daughter _____ to undergo medical treatment for any injury or illness he/she may sustain or acquire while engaged in the Athletic Republic™ Program. I understand that the personnel of the Athletic Republic™ Program use only those procedures, which are within their training, credentialing and scope of professional practice to prevent, care for and rehabilitate injuries. In the event that more serious medical procedures are required, such as surgery or other invasive procedures, I understand that attempts will be made to contact me for my consent. I understand that if my child suffers a potentially life threatening injury or illness, and in the event I am unable to be contacted within a reasonable period of time, that I authorize any duly licensed medical practitioner to perform such procedures as may be medically necessary to alleviate the problem.

I have had the opportunity to ask questions regarding this release and all of my questions have been answered to my satisfaction. Having understood the above agreement, I freely sign this Permission to Provide Medical Treatment Agreement.

I acknowledge that the participant is under the age of 18. I have reviewed the information provided and certify it to be true and correct.

I consent to _____ participating in the evaluation and program.

Signature of Parent/Guardian/Conservator

Date



CUSTOMER NOTIFICATION AGREEMENT

I understand that I am a customer of Athletic Republic Libertyville which operates a training center at 1950 N Highway 45, Libertyville, IL (the "Training Center") and uses a confidential and proprietary system created by Acceleration Products, Inc., an American company doing business as Athletic Republic™, ("Acceleration Products") to train its customers to maximize their full athletic potential (the "System"). As a customer of Athletic Republic Libertyville,

I agree to sign this Notification Agreement. In consideration of becoming a customer of Athletic Republic Libertyville, I hereby agree as follows:

1. Unless approved by Athletic Republic Libertyville, I will not remove any printed information or other materials from the Training Center.

2. While I am a customer of Athletic Republic Libertyville, and for a period of three (3) years thereafter,
 - (a) I shall hold and maintain all information relating to the System which I receive from Athletic Republic Libertyville, in strictest confidence and

 - (b) I shall not, without the prior written consent of Athletic Republic Libertyville and Acceleration Products, directly or indirectly divulge, reveal, report, publish, transfer or otherwise disclose any of such information to any person or party for any reason whatsoever.

3. While I am a customer of Athletic Republic Libertyville, and for a period of three (3) years thereafter, I shall not, without the prior written consent of __Athletic Republic Libertyville, and Acceleration Products, design, develop, promote, advertise, establish, own, operate, lease, maintain, franchise, engage in, be connected with, or have an interest, directly or indirectly, any business or entity which is competitive with the Training Center.

4. This Notification Agreement shall be governed by and construed in accordance with the laws of Illinois.

IN WITNESS WHEREOF, I have executed and delivered this Notification Agreement as of

_____/_____/_____
MM/DD/YYYY

ATHLETE (CUSTOMER)

Signature _____

Printed _____

Parent/Guardian (if customer is under 18 years of age)