

Precision Sports Performance

Health History Form/New Athlete In Take Form

Full Name: _____ Nick Name: _____
D.O.B: _____ Grade in School: _____
Address: _____ City,Zip,State _____
Telephone Contact Information: _____ Cell Phone: _____
Email Address: _____

Parent/Guardian Information:

Full Name: _____
Address: _____ City,Zip,State _____
Telephone Contact Information: _____ Cell Phone: _____
Email Address: _____

Emergency Contact Information:

Full Name: _____ Relationship to Athlete/Client: _____
Telephone Contact Information: _____ Cell Phone: _____

Medical History

Physician's Name: _____ Telephone Number: _____

	Yes	No		Yes	No
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy or Seizures	<input type="checkbox"/>	<input type="checkbox"/>
Heart Conditions	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid Condition	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Neural Limitations	<input type="checkbox"/>	<input type="checkbox"/>
Hypoglycemia	<input type="checkbox"/>	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	<input type="checkbox"/> _____
Corrective Eyewear	<input type="checkbox"/>	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>	<input type="checkbox"/>
High Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____		

Are you currently taking any medications? (yes or no) _____. If yes, please list: _____

Recent/Chronic Injuries? Recent Major Surgery?: _____

Available Days/Times for PSPT Injury Risk Screen:

How did you hear about Precision Sports Performance?

Website Social Media Special Event Friend/Other: _____

Precision Sports Performance

Athlete Application & Consent to Train

INTERNAL USE ONLY:

Staff Initials: _____

Date of Reoccurring Charge: _____

At Precision Sports Performance, we treat every athlete and client with the utmost care and professionalism. A mutli-faceted approach is taken when creating programs and treating athletes and clients, whether it be for sports performance, personal/group fitness training or massage therapy, to ensure that optimal results are met. PSP's staff will use all information provided by you, the client, to create individual specialized programs. While we do the utmost to minimize risk of injury by assessing imbalances and biomechanical errors first and then training to treat to avoid overuse injury and apply injury prevention techniques to all training programs, this waiver omits any liability if injury does occur while training with a PSP Staff member on or off site.

I hereby authorize that I or my athlete have been cleared by a medical professional to partake in physical activity and the agreed training program. I also give permission to allow the onsite physician/physical therapist to evaluate/treat myself or my athlete if the PSP staff finds it appropriate or recommends treatment or assessment; this includes PSP's initial intake injury risk screen which is conducted by the Doctors of Physical Therapy of Precision Sports Physical Therapy.

As a PSP client I hereby give my consent to participate in all physical training activities, massage treatments, vision training and potential video analysis and allow the PSP staff to use their discretion when training and treating myself/child . By signing this document you hereby waive PSP of any responsibility if injury occurs. I understand that I must cancel or freeze my package in order to avoid a monthly training charge. I understand that I will be charged for a full session if I fail to cancel a scheduled appointment within 24 hours. Extenuating circumstances may be considered at the discretion of the PSP training staff.

Additionally, I give my consent to PSP for the use and publication of photographs and/or video recordings taken that may contain my image taken during training sessions. These photographs and/or videos are for Precision Sports Performance use in its activities, at its events, and in its promotional material be it in print or electronic format. This includes use on the internet via our website and on PSP's social media accounts.

Child/Adult Name: _____ Guardian Name: _____

Member/Guardian Signature: _____ Date _____

Payment Information/Cancellation Policy

Credit Card Information: _____ SVC: _____ Exp: _____

I hereby authorize *Precision Sports Performance* to charge my credit card for the amount of _____ on a monthly basis. I understand that I must cancel or freeze my package in order to avoid a monthly training charge.

Signature of athlete or parent/guardian: _____ Date: _____