



### Maximum Sports Conditioning

TODAY'S DATE: \_\_\_\_\_

#### Client Information

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ School: \_\_\_\_\_

School Team(s): \_\_\_\_\_ Club Team(s): \_\_\_\_\_

Expected High School/College Graduation Date (if applicable): \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

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

Phone (H): \_\_\_\_\_ (C): \_\_\_\_\_

#### Parent/Legal Guardian Information (if different from Client)

Parent(s) or Legal Guardian(s): \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

Phone(H): \_\_\_\_\_ (C): \_\_\_\_\_

Business: \_\_\_\_\_ Other: \_\_\_\_\_

#### Emergency Contact Information

Name: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

Phone(H): \_\_\_\_\_ (C): \_\_\_\_\_

#### FOR OFFICE USE ONLY DO NOT WRITE HERE

|  |  |
|--|--|
| <input type="checkbox"/> <b>Sport Specific Conditioning</b><br>Check those that apply:<br><input type="checkbox"/> Alpine Sports<br><input type="checkbox"/> Aquatic Sports<br><input type="checkbox"/> Baseball/Softball<br><input type="checkbox"/> Basketball<br><input type="checkbox"/> Football<br><input type="checkbox"/> Football Mat Drills<br><input type="checkbox"/> Lacrosse<br><input type="checkbox"/> Mixed Martial Arts & Boxing<br><input type="checkbox"/> Soccer<br><input type="checkbox"/> Tennis/Squash/Handball/Racquetball<br><input type="checkbox"/> Track & Field<br><input type="checkbox"/> Volleyball<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> <b>General Conditioning Classes</b><br>Check those that apply:<br><input type="checkbox"/> AAC / lululemon<br><input type="checkbox"/> Agility & Quickness Class<br><input type="checkbox"/> Female Athletic Strength Training (FAST)<br><input type="checkbox"/> TEEN Fitness Class<br><input type="checkbox"/> Other: _____<br><br><input type="checkbox"/> <b>Private Training OR Semi-Private Training</b><br>With: _____<br><br><input type="checkbox"/> <b>Clinic OR Seminar</b><br>On: _____ |
|--|--|

#### COMMITMENT & METHOD OF PAYMENT

DURATION OR SESSIONS COMMITTED: \_\_\_\_\_ RATE: \_\_\_\_\_

DATE & METHOD OF FIRST PAYMENT: \_\_\_\_\_ DATE OF FIRST SESSION: \_\_\_\_\_

- CREDIT CARD
- CHECK
- CASH
- OTHER: \_\_\_\_\_

ADD'L NOTES: \_\_\_\_\_



**Medical History**

Allergies, if any, including medication: \_\_\_\_\_

Chronic, or existing diseases or medical problems: (i.e., diabetes, asthma, epilepsy): \_\_\_\_\_

**Cancellation & Liability Waiver Information**

**Cancellation Policy:** Arrangements **MUST** be made ahead of time if you are going to miss a class. You may make up a missed class within the same month and may come to one of the other conditioning classes if necessary to suit your schedule. Cancellations on private training sessions **MUST** be made 24 hours in advance or you will be charged the full amount for the session. Any invoices 30 days past due will be assessed a 10% fee. **Initial:** \_\_\_\_\_

**Liability Waiver:** In consideration of being allowed to participate at MaxSC, (including but not limited to) any seminar, clinic, exhibit, or demonstration conducted in connection therewith the undersigned attendee hereby expressly waives and releases MaxSC, its administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises in which the activity takes place from any liability, losses, damages, injuries (including disability or death) actions and all causes of action or claims whatsoever, of any kind or nature, arising from, or in any manner related to, attendee's participation at MaxSC.

Attendee understands that such risks and dangers may be caused by his/her own actions, or inaction, the actions or inaction of other participating in the activity, the condition in which the activity takes place or the negligence of the releases, specifically MaxSC and its agents or employees. With full knowledge, the attendee fully accepts and assumes all such risks and all responsibility for losses, costs, and damages incurred as a result of his participation in any event, of any kind or nature whatsoever.

Attendee further agrees that if, despite this release, he or anyone on his behalf makes a claim against any of the releases named herein, attendee will indemnify, save and hold harmless each of the releasees from any litigation expenses, attorney's fees, loss liability, damage, injury (including disability or death) or cost any of them may incur as a result of any such claim.

Attendee agrees to give consent for their photo to be used by MaxSC on website, publications, and for promotional videos.  
If YES, CHECK HERE \_\_\_\_\_ If NO, CHECK HERE \_\_\_\_\_

Attendee acknowledges that by registering for this facility, he/she has read this agreement, fully understands it's terms, understands that he/she has given up substantial rights by signing it, and has signed it freely and without any inducement or assurance of any nature, and intends same to be a complete and unconditional release of all liability to the greatest extent allowed by the law of the state in which such activity is conducted and, further, agrees that if any portion of this agreement is held to be invalid that the balance, notwithstanding, shall continue in full force and effect.

Athlete Printed Name \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_

Athlete Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_