

Athlete Profile

Last Name First Name Nick name Age / Date of Birth

Street City State Zip

Home phone Cell phone Work phone Email

School Grade Sport(s) Club Organization

How did you learn about Adrenaline Sports & Fitness? Friend/Teammate _____
 Internet Advertisement Other _____

***Emergency Contact: Information in bold must be completed by a parent or legal guardian if the client is under the age of 18.**

Parent / Guardian Home phone Cell phone / Work phone Email
(Circle one)

Alternate Contact Relationship Home phone / Cell phone / Work phone
(Circle one)

Why do you want to train at Adrenaline? What is your biggest strength/weakness?

What sports do you like to watch on television? Who are your favorite role models and players?

Which do you like better: team sports or individual sports? Why?

(Circle the number that best describes your answer to the following)

	Low	Average	High	Not Sure		
1. Competitiveness Level	1	2	3	4	5	0
2. Nutrition Knowledge	1	2	3	4	5	0
3. Average stress level	1	2	3	4	5	0
4. Quality amount of sleep	1	2	3	4	5	0
5. Self-esteem	1	2	3	4	5	0
6. Self-Confidence	1	2	3	4	5	0
7. Self-doubt	1	2	3	4	5	0
8. Mental toughness	1	2	3	4	5	0
9. Self-discipline	1	2	3	4	5	0
10. Pain tolerance	1	2	3	4	5	0
11. Self-belief	1	2	3	4	5	0
12. Ability to problem solve	1	2	3	4	5	0
13. Ability to adapt to situations	1	2	3	4	5	0

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Current or Past Medical History (circle all that apply)

Cardiac Problems	Heart Disease, Surgery	Hypertension	High Blood Lipids
High Blood Triglycerides	Respiratory Difficulties	Vascular Disorders	Back Pain/ Problems
Muscle Related Problems	Visual or Hearing Problems	Painful Joints	Osteoporosis
Emotional Disorders	Cancer	High or Low Blood Sugar	Stroke
Diabetes	Chest Pain	Irregular Heart Rate	Bone/Joint /Spinal Injuries
Knee Problems	Lightheadedness	Dizziness	Joint Replacement
Arthritis	Stress-related disorders	Anemia	Food Allergies

Physician's Name _____ Phone _____ Date of Last Visit _____

Surgery in the last 12 months: _____

Please explain any conditions checked above, including current medications:

Do you have any current injuries, aches, pains, disorders, or other contraindications?

I have filled out the above information to the best of my ability. I have not withheld any pertinent information to my knowledge. I understand that omission of medical conditions, past or present, will prevent my use of Adrenaline Sports & Fitness and I will not hold liable Adrenaline Sports & Fitness and its employees for any injury or medical condition that results in any bodily harm, including death.

 Athlete Signature (Parent if under 18) _____ Date _____

Waiver of Liability

I desire to engage in the Adrenaline Sports & Fitness training program in order to attempt to improve my physical fitness and athletic ability. I understand that the purpose of the training program is to develop and improve human performance variables, such as strength, power, speed, agility, conditioning, etc., as well as fitness and health indices. A training protocol will be tailored for me, based on desired outcomes, needs and goals.

I understand that I am responsible for monitoring my own condition throughout the training program and should any unusual symptoms occur, I will cease my participation and inform Adrenaline Sports & Fitness of those symptoms.

I also understand that muscular soreness is a normal part of any exercise regimen, whether initially working towards physical fitness or increasing intensity on an already established program. I recognize that is possible with any exercise and that the occurrence is not of an injury in not an indication of poor or inappropriate training or coaching. If I feel I am being put at risk for injury, I will cease my participation and inform Adrenaline Sports & Fitness immediately. I recognize that any exercise raises the possibility of medical events such as heart attack or stroke, especially for persons in poor physical condition, and I assume the risk of such problems and will consult my doctor for whatever medical authorization or clearance I think warranted before beginning the training program.

Also, in consideration for participating in a personalized or group training program, I agree to assume the risk of such training, and further agree to hold harmless Adrenaline Sports & Fitness from any acts of negligence and all claims, suits, losses, or related causes of action for damages, including, but not limited to, such claims that may result from my injury or death, accidental or otherwise, during, or arising in any way from the training program.

 Athlete Signature (Parent if under 18) _____ Date _____

 Adrenaline Sports & Fitness Staff _____ Date _____